

Finance & Business Services Direct Deposit Authorization Form

(CHECK) - Employee Student Vendor

Contact Information

Employee/Student/Vendor Name: _____

Vendor Contact: _____

Address: _____

City, State & Zip: _____

Email (REQUIRED): _____

Telephone: _____

Vendor Tax ID Number: _____

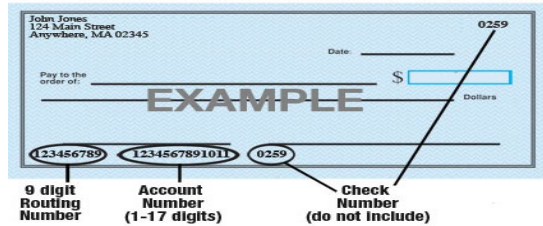
Bank Information

Routing/Transit Number: (9 digits) _____

Bank Name: _____

Account Number: _____

Account Type: Checking Savings



***Authorization:** I hereby authorize The College of New Jersey to deposit funds directly into the account designated. I understand that all subsequent payments to me will be via direct deposit. I agree that The College of New Jersey will not be responsible for any incorrect information I provide.

X _____
Signature

X _____
Date