



Authorization Agreement for Automatic Deposits
Payroll and/or Accounts Payable Direct Deposits to same account

Please check applicable:

Payroll _____ **Accounts Payable** _____

I hereby authorize the Institute for Advanced Study to initiate by electronic means direct deposits (credit entries) of my Payroll net earnings and any Accounts Payable checks to my **(please check one) Checking _ or Savings _** account in the entity named below (“Depository”) and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I authorize the Depository to accept and to credit and/or debit the amount of such entries to my account.

Bank Name (Depository)

Bank Address

This authority is to remain in full force and effect until the Institute has received written notification from me of a change in such time and in such manner as to afford the Institute and the Depository a reasonable opportunity to act on it and in no event shall a change notice be effective with respect to entries processed by the Institute or the Depository prior to its receipt.

Employee / Member Name

Signature

Required documentation (attach to form):

For Checking Account
Include a voided blank personalized check.
ATTACH CHECK HERE

Or

For Savings Account
Include savings documentation from your bank that includes your savings account number and bank Transit/ABA Number (9 digits).