

**DIRECT DEPOSIT AUTHORIZATION FORM—ACCOUNTS PAYABLE**

Name: \_\_\_\_\_ University ID #: \_\_\_\_\_  
(Please Print)

RIT Department: \_\_\_\_\_ RIT Extension: \_\_\_\_\_

*Fill out all pertinent information. IF YOU ARE SETTING UP A NEW DIRECT DEPOSIT, YOU MUST ATTACH A CHECK MARKED “VOID”.*

**A. To Set Up A New Direct Deposit:** (*Attach a blank check marked ‘VOID’*)

Bank Name	
Account Number	
Type of Account	Checking Savings

**B. To Change a Current Direct Deposit:** (*Attach a blank check marked “VOID” for the new account*)

Old Bank Name		New Bank Name	
Account Number		Account Number	
Type of Account	Checking Savings	Type of Account	Checking Savings

**C. To Cancel a Direct Deposit:** (*Note: Do not close your account until you have notified all payors who deposit directly into you account.*)

Bank Name		Bank Name	
Account Number		Account Number	
Type of Account	Checking Savings	Type of Account	Checking Savings

**Please Read Carefully:**

*I hereby authorize the Rochester Institute of Technology to make the deposits/changes as indicated above. RIT is also authorized to draw drafts to adjust any OVER-Deposit(s) which is made to my account. I will not hold my bank liable for any erroneous deposits or adjustments by RIT*

**SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Accounting Use only:**

**Date Received:** \_\_\_\_\_ **Date Entered in AP:** \_\_\_\_\_ **Entered By:** \_\_\_\_\_