

**Direct Deposit (ACH) Authorization Form**

- Please Complete this form and return it to [ach\\_payments@rfcuny.org](mailto:ach_payments@rfcuny.org) , or if you prefer to fax the form: (212) 417-8369
- For complete accuracy, please attach a voided (Cancelled) check from your checking account and/or a deposit slip from your savings account, whichever is applicable. The details from the check/deposit slip would be used to verify the account details.
- For any questions or concerns please contact: (212) 417-8599

<b><u>Payee Name:</u></b>	<b><u>Bank/ Financial Institution:</u></b>
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<b><u>ABA Routing Number:</u></b>	<b><u>City/ State:</u></b>
<b><u>Account Number:</u></b>	<b><u>Voided Check/ Deposit Slip Attached?</u></b>
<b><u>Please check the applicable option:</u></b>  Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Email Address:</u></b>	<b><u>Telephone Number:</u></b>

<b><u>Address:</u></b>
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I authorize The Research Foundation of the City University of New York and the above Financial Institution to send credit entries, as well as appropriate adjustments and debit entries to my account indicated above.

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