

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(for U.S. bank accounts only; please do not use this form to record international bank account information)

FINANCIAL INSTITUTION INFORMATION:

Bank Name:		Bank Branch:	
City:	State:	Zip Code:	
Routing/ ABA No:		Account Number:	
Select One:	Checking	Savings	Money Market

PAYEE INFORMATION:

Name of Person or Organization:		
Last four (4) digits of your SSN, EIN, or employee ID no:		
Street Address:		
City:	State:	Zip Code:
Email:		Phone Number:

The authority of this agreement is to remain in full force and effect until Barnard College has received written notification from me of its termination in such time and such manner as to afford Barnard College and my financial institution to act on it. Should an incorrect amount be deposited into my account, I authorize my financial institution to make the appropriate adjustment.

Authorized Signature	Date
Printed Name	Title
Select One:	New Account Change Account Change Agreement

Please include a voided check, bank reference letter, or a screenshot of your account information with this document.

Please return this document with a voided check, bank reference letter, or a screenshot of your account information by

mail: Barnard College | 3009 Broadway | Attn: Accounts Payable | New York, NY 10027

fax: 646-745-8320

or email: apayable@barnard.edu

After we've received your documents, you will receive an email from a member of our team asking the best time to call you to verify your account information over the telephone. Please reply to the email; the College cannot set you up for electronic payments until we've verified your information over the telephone.