

COLUMBIA UNIVERSITY

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

I (We) hereby authorize Columbia University to initiate credit entries to my (our) CHECKING and/or SAVINGS ACCOUNT indicated below, and the bank name to credit these entries.

IMPORTANT: PLEASE ATTACH A VOIDED PERSONAL CHECK FOR CHECKING ACCOUNT OR A STATEMENT FROM YOUR BANK CONTAINING YOUR ACCOUNT FOR SAVINGS. THIS REQUEST WILL NOT BE PROCESSED WITHOUT THE PROPER FORMS ATTACHED. PLEASE CHOOSE ONE OF THREE OPTIONS LISTED.

OPTION 1:

Please deposit my entire net pay directly into the existing Checking Account listed below.

BANK: _____
ADDRESS: _____
ACCT #: _____

OPTION 2:

Please deposit my entire net pay directly into the existing Savings Account listed below.

BANK: _____
ADDRESS: _____
ACCT #: _____

OPTION 3:

Please deposit \$ _____ (Fixed) or _____ % (Percentage amount) into my Savings Acct. listed below. The remainder of my net pay should be deposited into my Checking Acct. that I have also listed below.

BANK: _____
ADDRESS: _____
SAVINGS ACCT#: _____

BANK: _____
ADDRESS: _____
CHECKING ACCT #: _____

This authorization is to remain in full force and effect until Columbia University has received written notification from me of its termination. A written termination notice must be received in sufficient time to allow Columbia University a reasonable opportunity to act on it. A new authorization is required for each change of BANK and/or ACCOUNT NUMBER.

NAME (print) _____ **Social Security #** _____

DEPARTMENT: _____

Date _____ **Signed** _____ **Signed** _____

(One signature is sufficient authorization for an individual or joint account unless two signatures are specifically required to debit this account).

PLEASE MAIL DIRECT DEPOSIT FORMS TO:

**OFFICE OF THE TREASURER & CONTROLLER
PAYROLL DIVISION
1700 BROADWAY, 11TH FLOOR
NEW YORK, NEW YORK 10019**