

RENSSELAER POLYTECHNIC INSTITUTE

STUDENT PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

THIS FORM IS FOR STUDENT PAYROLL USE ONLY

Name: _____
 LAST **FIRST** **MI**

RIN: _____

Bank Name: _____ Bank Location _____
Account Number: _____ Routing Number: _____

PLEASE CHECK ONE: SAVINGS: <input type="checkbox"/> CHECKING <input type="checkbox"/>
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I authorize Rensselaer Polytechnic Institute to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Rensselaer to initiate a correcting (debit) entry. I understand that this authorization may be rejected or discontinued by Rensselaer at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to Rensselaer for distribution at a later date. Special Note: Please make sure your direct deposit has stopped before closing your account.

SIGNATURE

DATE

If depositing into a checking account, please attach a voided check.
ATTACH VOIDED CHECK HERE