

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH Credits)

I hereby authorize New York Medical College, hereinafter called COLLEGE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Bank Account indicated below and the Depository named below; hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

PLEASE ATTACH VOIDED CHECK

DEPOSITORY (BANK) NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TYPE OF ACCOUNT (CHECKING) _____

ACCOUNT NO. _____

BANK – ABA ROUTING NO. _____

This authority is to remain in full force and effect until the COLLEGE has received written notification from me of its termination in such time and in such time and in such manner as to afford the COLLEGE and DEPOSITORY a reasonable opportunity to act on it.

NAME _____
(PLEASE PRINT)

SOC SEC # _____ STUDENT ID# _____

SIGNED _____ DATE _____

Please return this form to: Office of the Bursar
New York Medical College
Administration Building, Room 115B
Valhalla, NY 10595