



NEW YORK MEDICAL COLLEGE

Human Resources

Valhalla, New York 10595 TEL 914-4560 FAX 914-594-4309

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, or to terminate direct deposit as per written notification.

(Check action required below):

**ENROLLMENT AUTHORIZATION _____ ACCOUNT CHANGE AUTHORIZATION: _____
TERMINATION OF DIRECT DEPOSIT AUTHORIZATION: _____**

**PLEASE ATTACH VOIDED CHECK OR EVIDENCE OF BANK ABA ROUTING NUMBER
AND BANK ACCOUNT NUMBER. FOR ENROLLMENT OR ACCOUNT CHANGE:**

DEPOSITORY (BANK) NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TYPE OF ACCOUNT (SAVINGS OR CHECKING) _____

ACCOUNT NO. _____

BANK – ABA ROUTING NO. _____

This authority for Direct Deposit is to remain in full force and effect until the COLLEGE receives an updated **Direct Deposit Authorization Form (HR-30)** from me to indicate **Account Change or Termination of Direct Deposit**, 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)

LAST FOUR DIGITS OF SS #: XXX-XX- _____ EMPLOYEE ID # _____

SIGNED _____ DATE _____