

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Authorization Agreement for Automatic Deposits (Credits)

Type of Automatic Deposit Transaction: **Create** **Change** **Cancel** (check only one box)

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

Option 1 - Deposit to One Account

Please deposit my **entire net pay** (100%) directly into the existing account listed below.

Type of Account: **Checking** **Savings** (check only one box)

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____ **Bank Account Number:** _____

(For help determining the bank routing and account numbers, please review the example on the next page.)

Option 2 - Deposit to Two Accounts

Deposit Type *(select only one box)*

Percent – Deposit _____% into Account 1, the remainder of my net pay will be deposited into Account 2.

Amount – Deposit _____ (specific dollar amount) into Account 1, the remainder of my net pay will be deposited into Account 2. *(Be sure that the dollar amount you enter is not greater than your current pay.)*

Type of Account 1: **Checking** **Savings** (check only one box)

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____ **Bank Account Number:** _____

(For help determining the bank routing and account numbers, please review the example on the next page.)

Type of Account 2: **Checking** **Savings** (check only one box)

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____ **Bank Account Number:** _____

(For help determining the bank routing and account numbers, please review the example on the next page.)

Authorization

This authorization is to remain in full force and effect until Columbia University has received written notification from me of its change or cancellation. A written change or cancellation 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.**

Employee ID # _____ **Name (print)** _____ **Phone:** _____ **UNI:** _____

Date _____ **Signature 1** _____ **Date** _____ **Signature 2** _____

One signature is sufficient authorization unless two signatures are specifically required to debit this account.

Important

- ▶ Attach a **Voided Personal Check** for checking account or a **statement from your bank** containing your account for savings. *This Automatic Deposit request will not be processed with out the proper forms attached.*
- ▶ Mail this Automatic Deposit request form with the other required forms to: **HR Processing Center, 615 West 131st St., Floor 4, Mail Code 8702, New York, NY, 10027**

To determine the bank routing number and bank account number, look at a check or a deposit slip for the account you wish to use.

- ▶ The first nine digits will be the bank routing number.
- ▶ The second set of nine digits will be the bank account number.

