Authorization Agreement	<b>Rider University</b> t for Payroll Direct Deposit and Accou	ints Payable	ACH*
Name:	· ·	5	
	Phone Number:		
	Accounts Payable ACH advice, I authorize R		
secured email of my Direct Deposit advice	e to the address provided:		
Signature:	Date: Provide complete email address		
<b>Note:</b> You may designate up to 4 accounts for direct d Accounts Payable ACH payments, you may desig		nd a specific do	llar amount to the others. For
Information for Deposit #1: Your Net	<i>Pay</i> will be deposited here.		Accounts Payable
Type of Account: Checking Savings			
Name of Bank or Financial Institution	a and Address: (City and State Only)		
your bank to get the transit/ABA number)	n the bottom of your personal checks. For accounts		
Information for Deposit #2:			Accounts Payable
Amount to be deposited: \$			
Type of Account: Checking Savings			
Name of Bank or Financial Institution	and Address: (City and State Only)		
Bank Routing Number:			
Your Account Number:			
Information for Deposit #3:			Accounts Payable
Amount to be deposited: \$			
Type of Account: Checking Savings			
Name of Bank or Financial Institution	and Address: (City and State Only)		
Bank Routing Number:			
Your Account Number:			
Information for Deposit #4:			Accounts Payable

Name of Bank or Financial Institution and Address: (City and State Only)

Checking Savings

Bank Routing Number: \_\_\_\_\_

Type of Account:

Amount to be deposited: \$ \_\_\_\_\_

Your Account Number:

\*PLEASE NOTE: Payroll Direct Deposits may take two pay cycles to go into effect. You will receive a check for your next pay; if pre-note is successful, subsequent pays will be by direct deposit. Accounts Payable ACH payments utilizing an existing Payroll Direct Deposit Account will go into effect immediately, please check only ONE account.