



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH) PAYMENTS

Name (Print)	
Banner ID	
Department	
Mailing Address	
Email	
Phone Number	

Authorization Agreement

I hereby authorize the College of William and Mary/Virginia Institute of Marine Science to initiate deposits to my account listed above. To ensure proper distribution of my payments, I agree to immediately notify the administrator of my department of any changes to this information.

Account Information

Financial Institution: _____

Address: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Account Information

Signature of Account Holder: _____

Date: _____

Please attach here a copy of a voided check.