



## Finance & Business Services Direct Deposit Authorization Form

Cooperating teacher, Global Student Teaching Program

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Email (REQUIRED): \_\_\_\_\_

Telephone: \_\_\_\_\_

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Please complete this section.

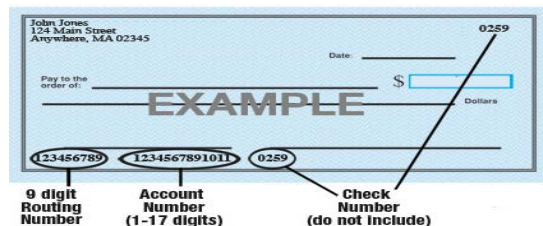
### Bank Information

Routing/Transit Number: (9 digits) \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:      Checking ☐      Savings ☐



**\*Authorization:** I hereby authorize The College of New Jersey to deposit funds directly into the account designated. I understand that all subsequent payments to me will be via direct deposit. I agree that The College of New Jersey will not be responsible for any incorrect information I provide.

X \_\_\_\_\_

\_\_\_\_\_

Signature

Date