

INSTRUCTIONS ON COMPLETING DIRECT DEPOSIT AUTHORIZATION FORM

Depository Name - Name of your Bank

Office - Branch where your account is located

City, State and Zip Code - Address of your branch

Bank Transit/ABA Number - 9-digit number that is encoded on the bottom left-hand corner of your check

Account Number - First set of numbers immediately to the right of the bank transit number

Identification Number - Student's social security number

If there are two account holders on the checking account, **both** account holders must sign on the signature lines provided.

*Please return the completed authorization form along with a **VOIDED** check to:*

**Office of the Bursar
Financial Service Center
1135 Lee Building
University of Maryland College Park
College Park, MD 20742**

PLEASE KEEP A COPY FOR YOUR RECORDS

OFFICE OF THE BURSAR UNIVERSITY OF MARYLAND	Authorization Agreement for Automatic Deposits (Credits)
Company Name: University of Maryland	Company ID Number: 52-6002033
I(We) hereby authorize The University of Maryland hereinafter called Company to initiate credit entries to my(our) ___ Checking ___ Savings account indicated below and the depository named below, hereinafter called Depository , to credit the same to such account. I(We) also authorize the Company to draw drafts on my(our) account or to initiate debit entries to my(our) account, for the purpose of withdrawing money from my(our) account, but solely in order to adjust an error resulting from a deposit or credit entry that has been made under this Authorization in an amount that is not correct. The Depository shall not be liable for honoring any draft, debit entry, or withdrawal initiated by the Company.	
Depository Name	Office
City	State and Zip Code
Bank Transit/ABA Number	Account Number
This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it.	
Name(s)	Identification Number
Date:	Signed Signed