

Fund Custodian/Payee Name _____

IRB Number/TRIP Number (If applicable) _____



Authorization for Direct Deposit via ACH

Direct Deposit via ACH is for the deposit of funds to a consumer's account for payroll advances, travel per diem advances and/or research participant payments processed through **University of Maryland, College Park Working Fund ("UMCP WF")**.

I hereby authorize **UMCP WF** to electronically credit my account (and, if necessary, to electronically debit my account to correct erroneous credits) as follows:

Select One: Checking Account Savings Account

at the depository financial institution named below ("Depository"). I agree that ACH transactions I authorize comply with all applicable law.

Depository Bank Name: _____

Depository Bank Address: _____

Routing Number: _____

Account Number: _____

Name on the Account: _____

TO VERIFY ACCOUNT INFORMATION, PLEASE ATTACH VOIDED CHECK OR OTHER APPROPRIATE DOCUMENTATION TO THIS FORM

I understand that this authorization will remain in full force and effect until I notify UMCP WF in writing that I wish to revoke this authorization. I understand that UMCP WF requires at least one week prior notice in order to cancel this authorization.

Signature _____ Date _____

Phone Number _____