

TEXAS A&M RESEARCH FOUNDATION  
3578 TAMU  
COLLEGE STATION, TX 77843

INDIVIDUAL DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form if you prefer payment by ACH.  
Funds are deposited into your account three business days from the ACH processing date.  
A notification of pending ACH payment is sent to you on the processing date.

Individual is Responsible for Completion of Box 1 and 2 including Bank Signature.

INDIVIDUAL INFORMATION

BOX 1: Completed by Individual

NAME:		SOCIAL SECURITY NUMBER:	
P O Box or Street Address, City, State, Zip			
SIGNATURE :	TELEPHONE NUMBER:	Email Address:	

FINANCIAL INSTITUTION INFORMATION

BOX 2: Completed by Financial Institution

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER:
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	ACH FORMAT: <input checked="" type="checkbox"/> PPD+
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	
SIGNATURE AND TITLE OF AUTHORIZED OFFICER FROM BANK:	TELEPHONE NUMBER:

BOX 3: Completed by Research Foundation.

RF Use Only	
Input into FAMIS by _____	Date _____