

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

COMPANY DIRECT DEPOSIT AUTHORIZATION FORM

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

COMPANY INFORMATION

BOX 1: Completed by Company

NAME:	SSN NO. OR TAXPAYER ID:
PO Box or Street Address: City, State, Zip	EMAIL ADDRESS:
CONTACT PERSON NAME:	TELEPHONE NUMBER:
SIGNATURE OF COMPTROLLER:	TELEPHONE NUMBER:

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: CCD+
TYPE OF ACCOUNT: <p style="text-align: center;">CHECKING SAVING</p>	
SIGNATURE AND TITLE OF AUTHORIZED OFFICER FROM BANK:	TELEPHONE NUMBER:

BOX 3: Completed by Research Foundation.

RF Use Only	
Input into FAMIS by _____	Date _____