

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

**DIRECT DEPOSIT AUTHORIZATION FORM**

I hereby authorize Texas A&M Research Foundation (TAMRF) to initiate credit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until TAMRF has received written notification from me of its termination in such time and in such manner as to afford TAMRF and the Financial Institution a reasonable opportunity to act on it. A notification of pending ACH payment will be sent to you on the processing date and will be deposited to your bank within three business days.

**PAYEE/COMPANY INFORMATION**

|  |                          |
|--|--------------------------|
| <b>NAME:</b>                                   |                          |
| <b>ADDRESS:</b>                                | <b>SSN, TIN, or UIN:</b> |
| <b>CONTACT PERSON NAME:</b>                    | <b>TELEPHONE NUMBER:</b> |
| <b>AUTHORIZED SIGNATURE FOR BANK ACCOUNT :</b> | <b>EMAIL ADDRESS:</b>    |

**Must Choose One:**

- I agree that payment(s) made to this account will not be automatically forwarded to a bank outside the United States.
- Payment(s) will be automatically forwarded to a bank outside the United States and I have attached "Additional Information for Direct Deposit" with this form.

**FINANCIAL INSTITUTION INFORMATION**

|  |                    |   |
|--|--------------------|---|
| <b>BANK NAME:</b>  |                    |   |
| <b>BANK ADDRESS:</b>   |                    |   |
| <b>BANK TELEPHONE NUMBER:</b>  |                    |   |
| <b>NINE-DIGIT ABA ROUTING NUMBER:</b>  |                    |   |
| <b>ACCOUNT NUMBER:</b>   |                    |   |
| <b>TYPE OF ACCOUNT:</b><br><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING | <b>ACH FORMAT:</b> | <b>Individual</b><br><input type="checkbox"/> PPD+ <b>Business</b><br><input type="checkbox"/> CCD+ |

**Completed by Research Foundation**

|                                  |                   |
|----------------------------------|-------------------|
| <b>RF Use Only</b>               |                   |
| <b>Input into FAMIS by</b> _____ | <b>Date</b> _____ |

# Direct Deposit Authorization Form

## Payee/Company Information Section

**Name:** Payee's Legal Name as it appears with their financial institution.

**Address:** Payee's mailing address to include Street, City, State, and Zip Code

**SSN, EIN, or UIN:** Social Security Number (SSN), Tax Identification Number (TIN) or Texas A&M University Identification Number (UIN)

**Contact Person Name:** Payee's authorized to sign ACH forms on behalf of the company, if applicable.

**Telephone Number:** Payee's Telephone Number

**Authorized Signature for Bank Account:** Payee's and/or Contact Person Name Signature

**Email Address:** Payee's or Contact Person's email address

## "Must Choose One" Section

**I agree that payment(s) made to this account will not be automatically forwarded to a bank outside the United States:** Payee is agreeing that there is not a standing orders from their U.S. bank to automatically forward payments to a Non-U.S. bank.

**Payment(s) will be automatically forwarded to a bank outside the United States and I have attached "Additional Information for Direct Deposit" with this form:** At this time, TAMRF cannot process foreign ACH's. Payment will have to be wired to the foreign bank account.

## Financial Institution Information Section

Complete this section using your check. Please contact your bank to verify the routing number is the same as the coded numbers at the bottom of your check.

We will need a voided check to verify your banking information.

The image shows a sample check from ABC Corporation, 123 Main Street, Anyplace, NJ 07000, for the amount of 1234.00. The check is payable to the order of the payee. The bank is ANYTOWN BANK, Anytown, MD 20000. The check number is 1234. Below the check, three yellow boxes highlight the routing number (23456789), account number (000123456789), and check number (1234).

| Routing Number | Account Number | Check Number |
|----------------|----------------|--------------|
| 23456789       | 000123456789   | 1234         |

**Please submit the completed form with a void check to: Texas A&M Research Foundation, 400 Harvey Mitchell Pkwy South, Ste 100, College Station, TX, 77845, Attn: Fiscal Operations or fax to 979-862-3250.**