



## ACCOUNTS PAYABLE DIRECT DEPOSIT AUTHORIZATION

Federal ID:	Company Name and Remit to address:
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**Please attach a voided check or MICR spec sheet from your bank to this sheet and return to the Accounts Payable department for processing.**

**\*In order to process this information in a timelier manner, please provide the bank's local phone number.**

Start Direct Deposit                     
  Cancel Direct Deposit                     
  Change Direct Deposit

Bank Name	Bank ABA/Routing #	Branch Phone Number *
Account Number	Circle One:    Checking / Savings	Net amount of check will be deposited to this account.

**Your Email address where payment remittance is to be sent** \_\_\_\_\_

Return to and for additional information contact: Katie Reed  
 301.846.2659  
 Fax 301.624.2859  
 email: kreed@frederick.edu

I hereby authorize Frederick Community College, hereinafter called College, to initiate credit entries that may include debit corrections to the account indicated above for invoices being paid by College. The email I receive with remittance information will include the funds settlement date. I understand the first payment processed after processing this form will be a prenotification to my account. The ACH will take effect with the first payment following ten days of the prenotification. This authority is to remain in full force and effect until College has received written notification from me of its termination in such time and in such manner as to afford College a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date: \_\_\_\_\_