WENTWORTH
Institute of Technology

Authorization Agreement for Automatic Deposit

*Allow **two weeks** for this transaction to become effective. If you change the bank where your check will be deposited, you will receive a "live" check during the two week transition period.*

I hereby authorize *Wentworth Institute of Technology* to initiate credit entries to my Checking or Savings account indicated below and the bank named below to credit same to such account. The authorization agreement is to remain in full force and effect until Wentworth Institute of Technology has received written notification from me of its termination in such time and in such manner as to afford Wentworth Institute reasonable opportunity to act on it.

Name _____   WIT # _____

SS# _____   Phone # _____

_____   _____
Student Signature   Date

BANK NAME: _____

ROUTING TRANSIT/ABA NO._____   ☐ My entire check

ACCT. NO. _____   ☐ $_____
                                                                                                (specify amount)

TYPE OF ACCOUNT: ☐ Checking   ☐ Savings

TO BE COMLETED BY PAYROLL ONLY

CODE:

BANK NAME: _____

ROUTING TRANSIT/ABA NO._____   ☐ My entire check

ACCT. NO. _____   ☐ $_____
                                                                                                (specify amount)

TYPE OF ACCOUNT: ☐ Checking   ☐ Savings

TO BE COMPLETED BY PAYROLL ONLY

CODE:

2013-14