

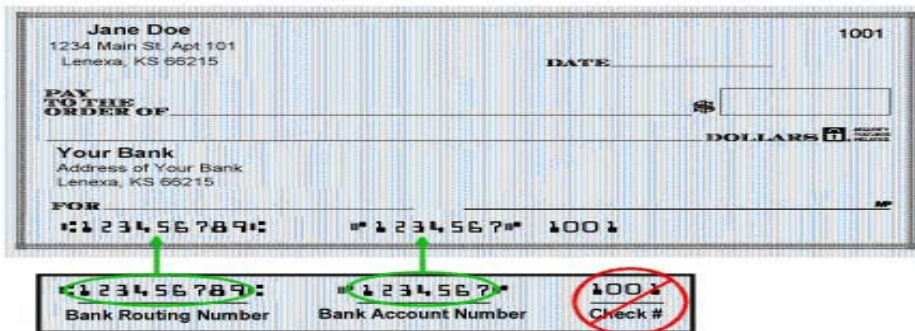
STOCKTON UNIVERSITY
Accounts Payable Office
DIRECT DEPOSIT ENROLLMENT FORM

Submit the following to Accounts Payable to be enrolled in direct deposit. This form may be submitted via your business email address or mailed with signature. **The email address that is provided will be used for all disbursement notification and remittance advice.**

PAYEE INFORMATION	
Company Name:	Last 4 digits of SSN/EIN #
Contact Name:	
Address:	Phone #:
Email Address (Required):	

I HEREBY AUTHORIZE STOCKTON UNIVERSITY TO INITIATE DIRECT DEPOSIT CREDIT ENTRIES TO MY ACCOUNT IN THE BANK NAMED BELOW.

BANK INFORMATION	
Bank Name:	
Branch City:	Branch State:
Bank Routing/Transit Number (9 digits required):	Your Account Number (up to 17 digits permitted):
Account Type:	Checking OR Savings



THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECTIVE UNTIL STOCKTON UNIVERSITY HAS RECEIVED WRITTEN NOTIFICATION, IN ACCORDANCE WITH PUBLISHED SCHEDULES, FROM ME OF ITS TERMINATION.

SIGNATURE: (Required if mailed)		DATE:	
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RETURN COMPLETED FORM TO :

Stockton University
 Account Payable Department- N-Wing 101
 Vera King Farris Drive
 Galloway, NJ 08205
 Email: accountspayable@stockton.edu