Authorization for Direct deposit: Form Upload

Name on the Account: _____

Address on the Account: _____

Bank Name and Address: _____

Account type: ____ checking ____savings
The Foundation for IUP does not do automatic deposit to foreign accounts.
Account #: _____

Routing #: _____

Please upload a copy of a voided check or bank printout for confirmation.

Please Provide an email address where you would like notification sent to when a Direct Deposit is processed.

_____

____ I authorize the Foundation for Indiana University of Pennsylvania to automatically deposit my request for disbursement payments to my bank account.

_____ _____
Signature: Date
(Insert your electronic version or it may be typed)

DO NOT EMAIL THIS INFORMATION!

FIRST SAVE THIS DOCUMENT

YOU MAY THEN UPLOAD IT TO OUR SECURE SITE BY USING THE LINK BELOW!

Direct Deposit Form Upload Link