

DIRECT DEPOSIT AUTHORIZATION FORM (Individuals)

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Authorization

I hereby authorize the Sales and Marketing Education Foundation, Inc. to initiate credit entries for International Collegiate Sales Competition Monetary Awards to my account with the financial institution I have listed. I have enclosed a copied voided check **OR** documentation showing that I am the account holder.

I understand the direct deposit will continue until I terminate it for any reason or until the Sales and Marketing Education Foundation, Inc. receive written notice of termination from me in such time and manner as to afford the Sales and Marketing Education Foundation, Inc. a reasonable opportunity to act on such request.

Signature of Account Owner

Date

Bank Name: _____

Bank Routing #: _____

Bank Account #: _____

Choose Account Type: _____ Savings _____ Checking

Complete this form and return with your account verification documentation information.

If you have any questions, please send an email to Shannon Young styoung@fsu.edu or call (850) 644-9657. For secured transmittal, please use NIFTY, <https://nifty.fsu.edu/>