

## DIRECT DEPOSIT AUTHORIZATION FORM (University)

Owner/Agent: \_\_\_\_\_

University Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Authorization

I hereby authorize the Sales and Marketing Education Foundation, Inc. to initiate credit entries for the International Collegiate Sales Competition travel reimbursements 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 the University Name above terminates it for any reason or until the Sales and Marketing Education, Inc. receives 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 Owner/Agent

\_\_\_\_\_  
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](mailto:styoung@fsu.edu) or call (850) 644-9657. For secured transmittal, please use NIFTY, <https://nifty.fsu.edu/>*