

# Tulane

Authorization Agreement for A/P Direct Deposit

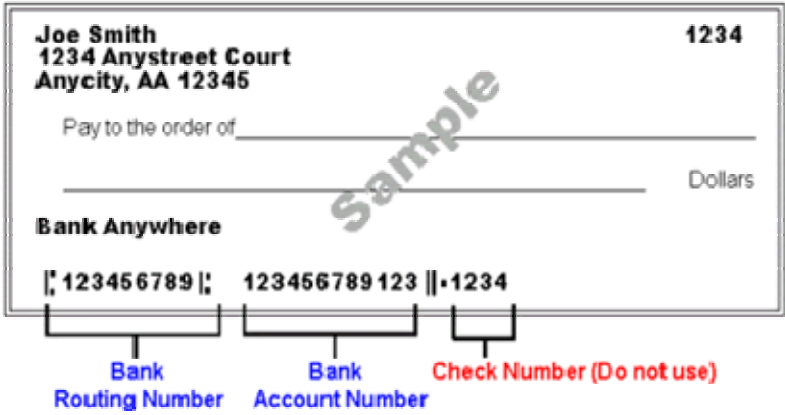
**Section A: Employee Information**

|                        |                 |            |       |
|------------------------|-----------------|------------|-------|
| Name (Last, First, MI) | _____           |            |       |
| Social Security #      | XXX-XX-__ __ __ | Department | _____ |

**Section B: Account Number**

| Account Type                | Bank Name | Routing Code (RC)        | Personal Account # (AC) |
|-----------------------------|-----------|--------------------------|-------------------------|
| 1. ___ Checking ___ Savings |           | RC - _____<br>AC - _____ |                         |

**Routing and Account Numbers:** Refer to the illustration below to determine your routing and account numbers.



Signature \_\_\_\_\_ Date \_\_\_\_\_