



**Fashion Institute
of Technology**

Seventh Avenue at 27 Street
New York City 10001-5992
www.fitnyc.edu

ACH ENROLLMENT FORM FOR EMPLOYEES/STUDENTS

PLEASE TYPE OR PRINT LEGIBLY

☐ NEW ☐ REVISION **(Please Check One)**

I authorize the Fashion Institute of Technology (FIT) to deposit payment for reimbursement into my account at the financial institution listed below. If FIT erroneously deposits funds into said account, I authorize FIT and the financial institution to initiate the necessary transaction(s) necessary to correct the error. This authorization will remain in effect until FIT has received written notification from me of its termination and FIT has had reasonable opportunity to act upon it.

☐ Employee ☐ STUDENT **(Please Check One)**

Employee/Student Name

FIT ID #

Email Address

Phone

Please choose from one of the following:

☐ I currently receive my payroll via direct deposit and would like to receive my reimbursements deposited to the same account

Last 4 digits of bank account for verification

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OR

☐ I wish to enroll using the following bank account information (please attach voided check) :

Financial Institution Name

Financial Institution Address

Financial Institution Telephone Number

City

State

Zip Code

Financial Institution ABA/Routing Number

Account Number ☐ Checking ☐ Savings

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Employee/Student Signature

Date

INTERNAL USE ONLY

Vendor PEID#

Purchasing Initials

Date

A/P Initials

Date

Please submit to Accounts Payable Office at 227 W27th Street, New York NY 10001 or AP@fitnyc.edu.