



DoD NDSEG Fellowship Program

Managed by:
Systems Plus, Inc.



Authorization Agreement

I hereby authorize **Systems Plus, Inc contract manager for the National Defense Science and Engineering Graduate Fellowship Program** to initiate automatic deposits to my account at the financial institution named below. I also authorize Systems Plus to make withdrawals from this account in the event that a credit entry is made in error

Further, I agree not to hold Systems Plus, Inc responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Systems Plus receives written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Systems Plus.

Account Information

Account Holder's Name: _____

Co-Account Holder's Name: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please Attach a voided check or deposit slip and return this form to Systems Plus, address listed in the footer (Optional).

