



**Air Force Research Lab
Summer Faculty Fellowship Program
Administered by:
Systems Plus, Inc.**



Direct Deposit Authorization Form

Please note: It is the policy of the Air Force Summer Faculty Fellowship Program that program funds be transferred electronically to participants.

I hereby authorize Systems Plus, Inc. hereinafter called Company to initiate credit entries to my account indicated below and the depository named below, hereinafter called Depository, to credit the same such account, and, in the event a credit is made to my account in error, I authorize company to make a correcting entry under the condition that I am notified of said adjustment.

Deposit (amount or %)	
Account type (e.g. Checking or Savings)	
Fellow Bank Name	
City, State	
Account Number	
Bank Routing Number (ABA#)	

This authorization will be in effect until the end of my fellowship tenure or the company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Printed Name: _____

Signature: _____ Date: _____

PLEASE UPLOAD FORM TO YOUR AFRL SFFP ONLINE ACCOUNT

[\(https://applyafrlsffp.sysplus.com/\)](https://applyafrlsffp.sysplus.com/)