



**Air Force  
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 RETURN SIGNED AND COMPLETED FORM TO:

Systems Plus, Inc.

Fax: 301.948.3918