

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

**ARL Distinguished Postdoctoral Fellowship Program
Authorization Agreement for Automatic Deposits**

I hereby authorize the National Academies of Sciences, Engineering, and Medicine to initiate credit entries to the checking account and bank indicated below. In the event that payment is made to which I am not entitled, I also authorize the Academies to initiate debits against my account as necessary, or to deduct any overpayment from future salary payments until the balance of any overpayment is fully recovered.

I understand that the Academies cannot and do not guarantee a date by which the amount of my pay will be credited to my bank account. I further understand that the Academies are not liable for any damages that I may incur by virtue of a failure to credit or of a delay in crediting my account.

This authority is to remain in full force and effect until the Academies have received written notification from me of its termination, in such time and in such a manner as to afford the Academies a reasonable opportunity to act on the notification.

ACCOUNT INFORMATION

Bank Name	Branch
Address	
Bank Transit/ABA#	Account #

PERSONAL INFORMATION

Name	
Address	Date of Birth
	Phone
	Email
Signature	Date