



**NATIONAL DEFENSE SCIENCE AND ENGINEERING GRADUATE FELLOWSHIP PROGRAM
DIRECT DEPOSIT AGREEMENT FORM**

Authorization Agreement

I hereby authorize **Solutions Through Innovative Technologies, Inc. (STI-Tec)**, 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 Solutions Through Innovative Technology (STI-Tec), to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Solutions Through Innovative Technologies, Inc. (STI-Tec), 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 in depositing funds to my account.

This agreement will remain in effect until Solutions Through Innovative Technologies, Inc. (STI-Tec), receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to STI-Tec.

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 STI-Tec, address listed in the footer (Optional).

