

VENDOR # _____

DIRECT DEPOSIT AUTHORIZATION

Please complete the information requested and **ATTACH A VOIDED CHECK.**

Direct Deposit becomes effective upon receipt of a pre-note (verification , typically by the second payment) by the Accounts Payable section and will remain in effect until and unless a written request is received to stop direct deposits and /or change bank account information.

(Please print payee (vendor) name) (Phone Number)

(Print name of representative) (Signature and Date)

(Bank Routing #) & (Bank Account #)

CHECKING ACCOUNTS ONLY! CANNOT PROCESS TO SAVINGS

How do you wish to be informed of deposit?

Please email me at :

 Please send notice through standard mail

 Please send notice through mail as well as email

ATTACH VOIDED CHECK HERE