

University of South Alabama

Procurement Card and Travel Services

Authorization for Electronic Direct Deposit

Select One:	Account Type:								
New	an and there ha	Checking Savings							
*If the University already has your information and there have been no account changes, this form is not required. Vendor Information									
Name (printed):				USA (J) Number:					
Contact Name:			Contact Number:						
Street Address:									
Street Audress.									
City:		State:		Zip Code					
Phone Number:				E-mail Address (for notification of direct deposit)					
Financial Institution Information									
Name:									
Street Address:									
City:	State:			Zip Code:					
Exact Depositor Account Name:									
Exact Depositor Account Name:									
Nine-Digit Routing Transit Number:									
Account Number:									
By submitting this form, I certify that the information provided on this form is correct and understand that I am responsible, upon receiving USA notification of density for working with my back that my account has been credited. Lunderstand that expenditures made from my account without such varification will be									
made at my own risk. I agree to	deposit, for verifying with my bank that my account has been credited. I understand that expenditures made from my account without such verification will be made at my own risk. I agree to promptly notify the USA Purchasing and Accounts Payable Departments of changes in name, address, and/or account status. I								
authorize the financial institution named above to process the credit entries initiated by USA. I understand that this authorization remains in full force and effect while I am a vendor for USA unless USA receives my timely written to terminate or unless USA notifies me that EDD or my participation in EDD is to be terminated.									
Authorized Signature: Date:									
*If we are making deposits on your behalf into a U.S. Bank institution and then the entire payment is transferred to an international bank, please contact the USA									
Accounts Payable department @									
Fund:	Org:		Account:		Program			Activity:	
*******	*****	*****	***********	******	*********	******	*****	*****	
Reviewed by: Purchasing Department:									
Name:				Date:					
Reviewed by: Accounts Pay	yable Department	t							
Name:				Date:					
				Batt.					
Reviewed by: Procurement Card and Travel Services									

Name:	Date: