

THE UNIVERSITY OF ALABAMA

Electronic Funds Transfer (Direct Deposit) Authorization for Vendor Payments

Type of authorization (select one only)

NEW: Complete and Verify Payee Information.

CHANGE: When changing your financial institution, account number, or type of account, you must complete and verify Payee information.

CANCELLATION (Revocation): You may cancel (revoke) this Authorization by checking this box, completing and verifying Payee Information of this form.

	The Number below is:	Individual Taxpayer ID Number (ITIN)
	Social Security Number	Federal Employer ID Number (FEIN)
1. Payee Name	2. Social Security Number, FEIN, or ITIN Number	3. Contact Phone Number
4. Remit To Address (Street or RR#)	5. City, State, ZIP Code	
6. Name and Title of Contact Person	7. Email Address for EFT Notification	

I hereby authorize The University of Alabama to initiate credit entries and, if necessary, debit entries to adjust for any credit entries made in error to the checking or savings account indicated. I also authorize the depositories named below to credit and/or debit the same to such account. I understand that it is my responsibility to verify deposits have been credited to my account before dispersing or withdrawing funds. The University of Alabama assumes no liability for bank errors, bank fees, or overdrafts.

This authority is to remain in full force until The University of Alabama has received written notification of its cancellation in such time and manner as to afford a reasonable opportunity to act on it, or until I have been notified of the University's or the financial institution's cancellation of this agreement.

I understand that a new authorization agreement must be completed when changing or closing the account or changing financial institutions. If any action taken by me results in non-acceptance of the electronic funds transfer by my financial institution, I understand The University of Alabama assumes no responsibility for processing replacement payment until the funds are returned to the University by my financial institution.

I certify that the information provided on this form is correct and that I am authorized to execute this document on behalf of the vendor.

8. Print or Type Name of Payee's Authorized Signatory	9. Title of Authorized Signatory
10. Signature of Payee or Payee's Authorized Signatory	11. Date

NOTE: attach voided check for checking account **OR** savings deposit slip for savings account.
Form cannot be processed without information below.

COMPLETE THIS SECTION FOR NEW DIRECT DEPOSIT (OR FOR CHANGES)

I authorize The University of Alabama to deposit to the account number indicated below.

Financial Institution:	CHECKING
Routing Number (ABA#)	SAVINGS
Account Number:	

THIS BANK INFORMATION IS APPLICABLE REGARDLESS OF INVOICE ADDRESS

Please return this form along with a voided check (see NOTE above):

The University of Alabama
Accounts Payable
Box 870137
326 Rose Administration Building
Tuscaloosa, AL 35487
For more information, call (205) 348-7377