

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:									
City:		State:		Zip Code					
		<u> </u>							
Phone Number:				E-mail Address (for notification of direct deposit)					
Financial Institution Information									
Name:									
Street Address:									
City:	State:			Zip Code:					
Exact Depositor Account									
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									
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								ss, 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 Payable Department									
Name:					Date:				
				Juit.					
Reviewed by: Procurement Card and Travel Services									

Name:	Date: