

Direct Deposit Authorization for Vendor

Please complete and return this form to the Accounts Payable department. Be sure to include a voided (or copy) check.

Check one: Individual Company/Corporation

NAME _____

Federal Employer Identification #: _____

NAME OF YOUR FINANCIAL INSTITUTION _____

CITY _____ STATE _____

ACCOUNT NUMBER _____

Check one: Checking Savings

I authorize you and the Financial Institution listed to deposit my (or my company/corporation) net payment automatically to my (or my company/corporation) account each time a payment is due me (or my company/corporation) and to initiate adjustments, if necessary, for any entries made in error to my (or my company/corporation) account. This authority will remain in effect until I (or my company/corporation) have cancelled in writing.

SIGNATURE of Individual or Company Executive _____

DATE _____

ATTACH CHECK (OR COPY) HERE