

For office use only - Vendor No: _____

Vendor email & direct deposit information updated: _____

Date

JACKSONVILLE STATE UNIVERSITY

Jacksonville State University - Accounts Payable Office
303 Bibb Graves - 700 Pelham Road North - Jacksonville, AL 36265

(256) 782-5343 • (256) 782-5460 • (256) 782-5267

Email: accountspayable@jsu.edu Fax: (256) 782-5967

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF VENDOR PAYMENTS

As a payment option, Jacksonville State University offers vendors the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking account of your choice. In addition to having the money deposited electronically, you will also be notified of the deposit by e-mail. The e-mail will provide you with all the information that would normally be on your check stub. To receive payments electronically, you must print, complete this form, attach a voided check and return both to the address above.

Payee/Vendor Name:		Please indicate: <input type="checkbox"/> EIN <input type="checkbox"/> SSN	Enter EIN/ SSN below:
Current Payment Address:			

Bank Information	
Bank Name:	
Name on Account:	
Checking Account #:	
Routing #:	

E-MAIL ADDRESS for payment notification (Required).

E-mail Address:		Phone No:	
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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.

Contact Name(s):
Please print _____

Title: _____

Authorized Signature

Date

TAPE VOIDED CHECK HERE

Please return this form along with a voided check to the above address.

NOTE: A voided check which bears the bank routing number and account number should be attached with the submission of this authorization agreement . If company policy prevents sending a voided check, this form must be notarized.