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ACCOUNTS PAYABLE - ACH/DIRECT DEPOSIT AUTHORIZATION FORM

Reason (check one):

New vendor: _____ Update vendor: _____

Vendor Information:

Vendor Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____

E-Mail Address: _____ Phone#: _____
 (Remittance advice will be sent to this e-mail address)

Banking Information:

Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank ABA/Routing #: _____ Bank Account #: _____

Account Type: Savings _____ Checking _____
 (Check one)

Vendor's Authorization:

Please sign below to authorize SCU to begin depositing payments into the account indicated above.

 Print Name Title

 Signature Phone #. Date

Please return the completed form to the requestor with ONE of the following for verification: a voided check, a bank statement, OR a bank verification letter.