

# Marywood University

## Vendor ACH/Direct Deposit Authorization Form

### Vendor/Payee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person's Name (if other than payee): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*If using the same banking account information as your existing payroll direct deposit please skip to the "Type of Account" section of this form*

### Financial Institution Information

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank ABA Number: \_\_\_\_\_

Type of Account:

Same as Payroll  
Direct Deposit

Checking

Savings

**Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize Marywood University to electronically deposit payments to the bank account designated above. I understand that I must notify Marywood University in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Marywood University has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days. I also understand that if I have selected "same as payroll direct deposit" that I authorize the exchange of my banking information between the Human Resources/Payroll and the Fiscal Services/Payables departments.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_