

East Tennessee State University
Accounts Payable
Direct Deposit Authorization Form

Version 3-8-10

NAME: _____

Banner ID# or Federal ID#: _____

DATE: _____

Notification Email for Direct Deposit :

***REQUIRED FOR ALL VENDORS**

TAPE VOIDED CHECK HERE OR HAVE BANK REPRESENTATIVE COMPLETE BELOW

Financial Institution Information

Name of Bank: _____

Account Type: Checking ☐ Savings ☐

Bank Routing Number: _____

Account Number _____

Authorization for Direct Deposit of Accounts Payable Payments

****I hereby authorize East Tennessee State University to direct payments to the financial institution designated above via electronic funds transfer and to my financial institution to credit this amount to my account.**

****In the event that the exercise of this authorization for any reason results in an overpayment for vendor invoices actually due and payable to me, I hereby authorize the University to either: **A)** debit my above-identified bank account for an amount not to exceed said overpayment, or **B)** withhold a sum equal to the overpayment from my next disbursement of vendor invoice payment.**

****I understand it is my responsibility to provide the ETSU Accounts Payable office with any changes regarding my bank account and a copy of a voided check.**

****I understand that this authorization applies only to my Accounts Payable record information.**

****I also understand that this authorization may be terminated at any time by the University, or named bank.**

Signature: _____ Date: _____

MAIL COMPLETED FORM TO:

**ETSU, PROCUREMENT AND CONTRACT SERVICES, PO BOX 70729, JOHNSON CITY, TN 37614
OR FAX TO 423-439-5746**