

Vendor # _____
 Prenote date _____
 Approved _____

PAYEE DIRECT DEPOSIT AUTHORIZATION FORM

A. PAYEE INFORMATION

Federal Employer Identification Number (FEIN) Or Social Security Number (SSN)	
Payee Name:	
Mailing Address:	
City/State:	Zip Code:
Email Address (to be used for remit advice):	Phone Number: ()

B. FINANCIAL INSTITUTION INFORMATION

Name of your Financial Institution: _____
 Type of account to wish your funds to be directly deposited (check one):

CHECKING.

Account #: _____ Transit Routing #: _____

SAVINGS. Account #: _____ Transit Routing #: _____

C. TRANSACTION INFORMATION

AUTHORIZATION. Pursuant to section 403.016, Texas Government Code, I authorize UTHSCSA to deposit payments owed to me by the University to my financial institution electronically. I understand that the University will, if necessary, reverse and/or make adjustments for any payments deposited in error. I further understand that the University will comply, at all times, with the National Clearing House Association Rules and Regulations governing ACH payments.

CANCELLATION. I hereby cancel the authorization for payment by electronic transfer.

CHANGE. I hereby request a change of the authorization for payment by electronic transfer.

- ❖ Change in account number (same bank) from _____ SSSSSSSSSSSSSSSSSSS
- ❖ Change in financial institution.
- ❖ Change account type (from savings to checking or checking to savings).

I understand that UTHSCSA will send me an e-mail notification prior to the payment posting to my account. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.

Authorized Signature _____ **Date** _____

Contact Name/Title _____