



University of South Alabama
Procurement Services - Authorization for Electronic Direct Deposit

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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*If the University already has your information and there have been no account changes, this form is not required

Section 1 – Vendor Information

Name (printed):	USA (J) Number:	Contact Name:
Street Address:		
City:	State:	Zip Code:
E-mail Address (for notification of direct deposit):		Phone Number:

Section 2 – New Financial Institution Information

Name:		
Street Address:		
City:	State:	Zip Code:
Exact Depositor Account Name:		
Nine-Digit Routing Transit Number:	Account Number:	

Section 3 – Existing Financial Institution Information (when requesting banking information change)

Name:		
Street Address:		
City:	State:	Zip Code:
Exact Depositor Account Name:		
Nine-Digit Routing Transit Number:	Account Number:	

Section 4 – Signature and Other Information

By submitting this form, I certify that the information provided on this form is correct and understand that I am responsible, upon receiving USA notification of deposit, for verifying with my bank that my account has been credited. I understand that expenditures made from my account without such verification will be made at my own risk. I agree to promptly notify the USA Purchasing and Accounts Payable Departments of changes in name, address, and/or account status. I authorize the financial institution named above to process the credit entries initiated by USA. I understand that this authorization remains in full force and effect while I am a vendor for USA unless USA receives my timely written to terminate or unless USA notifies me that EDD or my participation in EDD is to be terminated.	
Printed Name:	Title:
Authorized Signature:	Date:

*If we are making deposits on your behalf into a U.S. Bank institution and then the entire payment is transferred to an international bank, please contact the USA Accounts Payable department @ (251) 460-6191. Further information can be obtained at www.nacha.org

New Vendors: Complete and return this form to the USA department with which you are or plan to engage in business activities. Direct submissions to Accounts Payable or Purchasing will not be accepted.

Existing Vendors Requesting a Change: Please complete and return this form to the Purchasing Department via email or Purchasing Department, 650 Clinic Drive, TRP 3, Suite 1400, Mobile, AL 36688.