Authorization Agreement for Automated Deposits

NOTE: Direct Deposits are generally received 7-10 days sooner than a paper check.

Vendor Name	Daytime Phone No.
E-mail Address	
I hereby authorize the University of Northern Colorado to credit entries to the account listed below. I understand and that the University and financial institution are authorized adjustments necessary to my account to correct the errone in effect until I have cancelled it in writing.	d agree that it an erroneous credit is made to my account to stop payment, reverse the entry, or make any
Please notify Accounts Payable within two weeks prior to p and funds are directed into a closed account; the direct de that funds will not be available to me until the original fund be prepared. I understand that I am responsible for checking University is not liable for check charges incurred before further	posit will reject at the financial institution. I understand ds are returned by the financial institution and a check can ng the availability of funds in my account and that the
If a voided check or bank ACH authorization form is not a address on file.	ttached, I understand that a check will be mailed to the
I authorize the University of Northern Colorado to send my	ACH advice to my company e-mail address listed above.
Signature	Date
Account Number	
Routing Number	
Deposit slips are only allowed for savings according requirement of our auditors. All new account num	etion form for the direct deposit account requested. Ounts and temporary checks are not allowed per others will be verified to detect any problems with your e and address is printed on the face of the check.)

Questions on this form can be directed to Accounts Payable, (970) 351-2387 or accountspayable.electronicinvoices@unco.edu

Accounts Payable Use Only:

Bear #:_____

Processed by: