

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: _____