



**Vendor Payment
Direct Deposit/ACH Authorization Form
Submit to Admin Bldg Room 275**

Section I: Vendor Information

Vendor Name: _____ **Fed Tax ID:** _____

Address Line 1: _____

Address Line 2: _____

City: _____ **State:** _____ **Zip:** _____

Vendor Contact Name: _____ **Contact Phone:** _____

Vendor Remittance Email: _____

Section II: Bank Account Details (Complete the appropriate section below.)

New Request	Change Acct Information
Bank Name: _____	<u>Prior</u> Bank Routing # (9 Digits): _____
Bank Routing # (9 Digits): _____	<u>Prior</u> Bank Account #: _____
Bank Account #: _____	New Bank Name: _____ New Bank Routing # (9 Digits): _____ New Bank Account #: _____

Cancel Prior Request **Initial to confirm change:**

Section III: Authorization
I certify that the information on this form is complete and correct. I authorize University of Memphis to electronically deposit invoice payments to the undersigned bank account via the Automated Clearing House (ACH) in accordance with applicable electronic payment rules. This authorization will remain in effect until it has been canceled. 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 checking 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.

_____	_____
Signature	Date
_____	_____
Department	Title

Section IV: Procurement Vendor Validation (Completed by Procurement)

Validated Contact Name: _____ Validated Contact Email: _____

Validated Contact Phone: _____ Approved by (initial): _____