

Tennessee State University

Direct Deposit Authorization Agreement

Vendor Name: _____

Vendor Remit to Address: _____

Phone Number: _____

Vendor Remittance Advice email address: _____

Authorization for Direct Deposit

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Name on Account: _____

Account Number: _____

Account Type: Checking _____

(Check one) Savings _____

I hereby authorize Tennessee State University to direct the amount of my vendor payments to my bank account as shown above, effective immediately. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that this request may be cancelled or changed by me upon proper execution of another authorization agreement. I also understand that this authorization may be terminated at any time by the University, or named financial institution. I authorize Tennessee State University to initiate reversals from my account in the event of an erroneous deposit.

Date: _____ Authorized Signature: _____

Printed Name: _____

Title: _____

The completed and signed form may be scanned and emailed to GeneralAccounting@tnstate.edu, TN State University – (General Accounting & Payroll) please attach a form from your bank to ensure accuracy if you are able. If not, please make sure the Routing and Account# are accurate. Errors will result in delays in payment

TO BE COMPLETED BY GENERAL ACCOUNTING

Vendor Contact Name: _____ Phone Number Called: _____

Date Account Information Confirmed: _____ Confirmed by: _____