

Direct Deposit Authorization Form (Vendor / Employee)

Section I- Please Print

Vendor/ Employee Name: _____

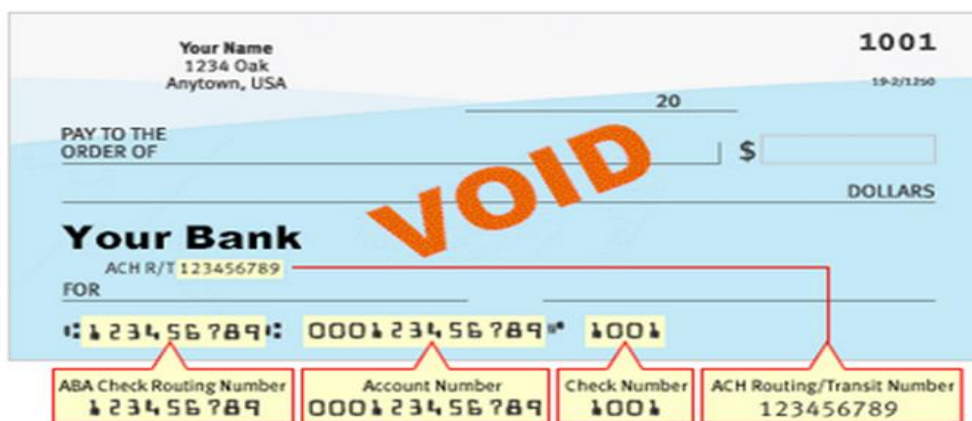
Vendor/ Employee 9- Digit Banner ID: _____

Vendor/ Employee Address: _____

City, State, Zip: _____

Email Address: _____

Section II- Checking or Savings: **Bank account and routing information are required**



Section III- Attachments

STAPLE VOIDED CHECK OR LETTER ON BANK LETTERHEAD VERIFYING ACCOUNT.

Section IV- Certification & Authorization

Depositor's Disclaimer:

By signing and submitting this document the vendor authorizes Alamo Colleges District to electronically deposit funds to the specified bank account in payment for invoices/ services tendered to the District. If the vendor/ employee are not entitled to funds deposited to the account, ACD is further authorized to direct the financial institutions to reclaim those funds.

This authorization is to remain in full force until Alamo Colleges District has received written notification of the vendor/ employee's desire for termination or change. It is understood that all future payments will be via direct deposit and checks will not be written while this authorization is in effect.

By signing this document, I fully acknowledge Federal Reserve Electronic Transfer Services will be used to transmit deposits. It is understood a deposit is not guaranteed until the actual funds are received by my financial institution. Direct deposits will begin after satisfying the pre-notification of the financial institution account number as required by NACHA. This usually occurs within a couple of weeks of the date this form is received in **the Accounts Payable office of Alamo Colleges District.**

Vendor/ Employee Name: _____ Date: _____

Authorizing Signature: _____

Signer's Printed Name: _____ Signer's Printed Title: _____