**AP VENDOR DIRECT DEPOSIT AUTHORIZATON**

**Return form to Accounts Payable**

**6191 Kraft Ave. Grand Rapids MI 49512**

**Phone number (616) 732-1116**

Vendor Information

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (to deliver electronic advice statements):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Information

|  |  |  |
| --- | --- | --- |
| **□ New** | **□ Change** | **□ Cancellation** |

**To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name of Bank or Credit Union)

Savings Account □ Checking Account □

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

ABA#

Account #: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Authorization Agreement

I hereby authorize Davenport University to initiate automatic deposits to my account at the financial institution named above. I also authorize Davenport University to make debit entries in the event that a credit entry is made in error. These deposits will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA)

Further, I agree not to hold Davenport University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This authority shall remain in full effect until Davenport University receives written notification of cancellation from me, or until I submit a new direct deposit form to the Accounts Payable Department. Any notice of cancellation shall be provided in such time and in such manner as to afford Davenport University reasonable opportunity to act upon the request.

Signature of Authorized Company Official

This form must be signed by company controller/CFO/President.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_