

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

COMPANY NAME \_\_\_\_\_

FEDERAL TAX ID NO \_\_\_\_\_

**Complete Section 1 if you are interested in electronic funds transfer or complete Section 2 if your organization is not interested at this time.**

**Section 1**

I (we) hereby authorize Southeast Missouri State University, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my/our Checking/Savings account indicated below and further authorize the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

**In addition, an email for each deposit detailing specific payment information including invoice number(s) and corresponding amount(s) will be sent to the address provided on the day of the deposit.**

**EMAIL ADDRESS FOR DIRECT DEPOSIT STATEMENT**

\_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_

SIGNATURE(S) \_\_\_\_\_

DATE \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

**Section 2**

\_\_\_\_\_ No, my/our organization would not be interested in receiving vendor payments electronically.

**RETURN or FAX COMPLETED FORM TO:** Southeast MO State University  
One University Plaza  
Accounts Payable MS 3250  
Cape Girardeau, MO 63701  
Fax: (573) 986-6412