



## Vendor Direct Deposit Agreement Form

### Authorization Agreement

I hereby request and authorize The University of Alabama in Huntsville to deposit payments to the account provided below. In situations where a payment has been made in error, The University of Alabama in Huntsville is authorized to correct that error. This agreement will remain in effect until UAH receives a written notice of change or cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Office.

### Vendor Information

Type of Authorization            New \_\_\_\_\_ Change \_\_\_\_\_ Cancellation \_\_\_\_\_  
Business Name \_\_\_\_\_ Tax ID# \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address for notification of payment\* \_\_\_\_\_

\*an email is required to receive notification of payment to your account.

### Account Information

Name of Financial Institution \_\_\_\_\_  
Routing Number (9 digits) \_\_\_\_\_  
Account Number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

### Signature

Authorized Signature (Primary) \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature (Joint) \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to: The University of Alabama in Huntsville, Attn: Accounts Payable Department, 301 Sparkman Drive, Huntsville, AL 35899 or by fax to 256-824-7364, or email to [accountspayable@uah.edu](mailto:accountspayable@uah.edu)

### For Accounts Payable Office Use Only

Vendor # \_\_\_\_\_ Date Received \_\_\_\_\_ Date Input \_\_\_\_\_