



ACCOUNTS PAYABLE/VENDOR
DIRECT DEPOSIT ELECTION FORM

A. PERSONAL INFORMATION

Name _____

Type of payment expected:

Banner ID or SS # _____

Employee & student expense
reimbursements

Local Phone _____ Work Phone _____

Vendor payments

I authorize Xavier University to (check one):

E-Mail Address:

START direct deposit of my accounts payable check as indicated below.
CHANGE direct deposit of my accounts payable check as indicated below.
CANCEL direct deposit of my accounts payable check.

(off campus vendors only)

B. DIRECT DEPOSIT ELECTION

You may elect direct deposit to one account.

ACCOUNT INFO

Name of Banking Institution _____

Type: Checking
 You must attach a voided check below.

Savings
You must contact your bank for its ABA number and write it here _____

C. AUTHORIZATION

I hereby authorize Xavier University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account that I have indicated above. This authority is to remain in full force and effect until Xavier University has received written notification from me of its termination in such time and in such manner as to afford Xavier University a reasonable opportunity to act on it.

Signature

Date

CHECKING: *Attach voided check here*

SAVINGS: *Attach pre-printed deposit slip here.*

Elections submitted without a check/deposit slip will not be processed.