OFFICE OF THE CONTROLLER
ACCOUNTS PAYABLE
5000 North Willamette Boulevard
Portland, Oregon 97203-5798
(503) 943-7171 / Fax: (503) 943-7433
accounts_payable@up.edu

University of Portland

Direct Deposit Authorization Form

Section I — Contact Information

Name: _____ UP ID#: _____
FIRST MI LAST

Phone #: _____ email: _____

Section II — Banking Information

FOR
⑆053123456⑆ 0861234567890⑈ 1001

All banks do not list their ACH routing number in the same place. If your check does not display the number as shown, use the first nine digits at the bottom of the check.

Bank Account Number

Check Number — Do not include as part of account number

TYPE OF TRANSACTION	ROUTING NUMBERS - ABA	TYPE OF ACCOUNT
☐ Start ☐ Change ☐ Cancel	☐☐☐☐☐☐☐☐☐	☐ Checking ☐ Savings ACCOUNT NUMBER (DEBIT CARD NUMBER IS *NOT* YOUR ACCOUNT NUMBER)
FINANCIAL INSTITUTION		CITY, STATE, ZIP CODE

*****You will receive notification via UP campus email of your deposit*****

Section III — Authorization Agreement

I hereby authorize University of Portland to initiate automatic deposits to my account at the financial institution named above. This includes all payments for Payroll, Student Accounts and Accounts Payable. I also authorize University of Portland to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the **University of Portland** 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 agreement will remain in effect until the University of Portland receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department. Please allow the University of Portland ten business days for any changes to this information. Excludes international bank accounts.

Signature: _____ Date: _____