

Vendor Direct Deposit Authorization Form

Vendor name: _____

Address: _____

STREET AND NUMBER

CITY

STATE

ZIP

Payment Options

Please check type(s) of payments your company accepts.

- Credit Card (**University of Portland's preferred payment method**)
 ACH (Direct deposit to your bank account)
 Check

Payee/Company Information

Contact person's name: _____

Title: _____

Remittance email: _____

Phone no.: _____

Fax: _____

Financial Institution Information

Bank's name & branch: _____

Bank's address: _____

Bank's telephone number: _____

Deposit account number: _____

Bank routing number: _____

Type of account: Checking Savings

I hereby authorize University of Portland to initiate credit entries and to initiate, if necessary, debit entries and adjustments to any credit entries in error to the account listed above: I acknowledge that I will personally need to contact the University of Portland Accounts Payable Department in writing to rescind this authorization.

Signature: _____

Printed name: _____

Title: _____

Date: _____