

UNIVERSITY OF SOUTH ALABAMA  
 ACCOUNTS PAYABLE DEPARTMENT  
 ADMINISTRATION BUILDING ROOM 260  
 MOBILE, ALABAMA 36688-0003

AUTHORIZATION FOR ELECTRONIC DIRECT DEPOSIT

Instructions for Completion of This Form:

1. <b>Read</b> carefully the EDD Terms of Agreement and Authorization below.	3. <b>Attach</b> one of your checks to the form. Write " <b>VOID</b> " across the check.
2. <b>Complete</b> the form. Do not forget to sign and date.	4. <b>Submit</b> the completed form to the address above by the specified deadline date.

**Terms of Agreement and Authorization for Deposit :**

I have read and understand the EDD information.

I understand that I am responsible, upon receiving USA notification of deposit, for verifying with my bank that my account has been credited. I understand that expenditures made from my account without such verification will be made at my own risk.

I agree to promptly notify the USA Purchasing Department of changes in name and/or address and the USA Accounts Payable Department for changes in my bank or checking account status.

I authorize the financial institution named below to process the credit entries initiated by USA.

I understand that this authorization remains in full force and effect while I am a vendor for USA unless USA receives my timely written request to terminate or unless USA notifies me that EDD or my participation in EDD is to be terminated.

Vendor Name:	Vendor Federal ID Number
Vendor E-mail Address:	Vendor Financial Institution:
Authorized Signature and Date:	Vendor Bank Account Number:
J Number (Vendor Number)	Vendor ACH Bank Routing Number:

**ATTACH VOIDED CHECK(S) - SIGN AND DATE FORM**

Office Use Only	