



College/Entity Name:

VENDOR/PAYEE DIRECT DEPOSIT (EPAYMENT) REQUEST FORM

Contact Name:

Contact's Email: Contact's Phone Number:
Part I: Vendor Name and Tax ID Information
1. Legal Name:
2. Enter your TIN here: (If your TIN is a SSN, DO NOT email form but mail or fax)
Part II: Direct Deposit Bank Information
Bank Name:
Account Name:
Bank Routing Number (ABA No.):
Account Number:
Part III: Signature
Vendor Contact Name (Individual Authorized to Represent the Vendor/Payee):
Vendor Contact Email:
Title: Phone Number:
Sign Here: Date:

Please submit one of the following items with your application. Incomplete applications will not be processed.

- Copy of voided check imprinted with the account name, account number and bank's routing number
- Letter from your bank. Bank documentation must contain the vendor/payee name, complete bank account number, bank's routing number, the bank representative's signature, printed name, and date.
- If you don't have a voided check or a bank letter, go to your bank's website and fill out the direct deposit authorization form. Please include your name, account number, and bank's routing number. Also, sign and date the form at the bottom.

Submit this form to the representative who requested you to complete this form.