



# Vendor Direct Deposit Authorization Form

**Instructions:**

1. Please complete this form to start, change or stop direct deposit for vendor payments received from Wofford College.
2. Vendors may deposit to only one account
3. This is a fillable form, please type online. Manually sign after printing and return to Lani Foster via email at fosterij@wofford.edu or via fax at (864) 597-4237

**Important Reminder:**

Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to Wofford College and will be delayed for payment. Direct deposits take effect immediately, so please ensure your information is correct. Wofford College is not liable for any incorrect information submitted by the vendor on this form (e.g. account number, routing number, vendor identification number)

Direct Deposit Action:

Start

Change

Stop

Vendor EIN (required)

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address (required) payment remittance will be sent to this address

**Account Information**

Name of Financial Institution:

**Enter one number per box; tab to move to next box:**

Routing/Transit/ABA Number

Account Type:

Checking  Savings

Account Number (please confirm with your Financial Institution)

I, the undersigned, hereby authorize and request Wofford College to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the above-named financial institution. This direct deposit is to remain in effect until changed by: (a) an officer of the vendor; (b) the vendor's legal representative; (c) the above-named financial institution; or (d) Wofford College. Any change must be in writing and must be transmitted in a timely manner for any change to take effect. This election will remain in effect until the option is cancelled. The authorized signature below signifies acceptance of the terms and conditions stated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Return via email or fax to the address listed above)