

University Finance Office 500 El Camino Real Santa Clara, CA 95053 Phone #: 408-554-4397 Fax #: 408-554-5413

ACCOUNTS PAYABLE - ACH/DIRECT DEPOSIT AUTHORIZATION FORM

Reason (check o	one):				
New vendor:		Update ven	dor:	<u></u>	
Vendor Informa	ation:				
Vendor Name:					
Remittance Addre	ss:				
Remittance City:		:	State:	Zip Code:	
Contact Name:					
E-Mail Address:	(Remittance advice	e will be sent to th	nis e-mail address	Phone#:	
Banking Inform Bank Name: Bank Address:					
Bank's City:		:	State:	Zip Code:	
Bank ABA/Routin	g #:			Bank Account #:	
Account Type: (Check one)	Savings	Checking _			
<u>Vendor's Authorization.</u> Please sign below to authorize SCU to begin depositing payments into the account indicated above.					
Print Name				Title	
Signature			Phone #.		Date

Please return the completed form to the requestor with ONE of the following for verification: a voided check, a bank statement, OR a bank verification letter.