



Vincennes University Accounts Payable Office  
 P O Box 440 ~ Vincennes, IN 47591  
 Phone (812)888- 4321 ~ Fax (812)888-2120  
 Email: VuAcctPay@vinu.edu

**ACCOUNTS PAYABLE DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

**Vendor Information (Please Print)**

Vendor Name		Federal Tax ID
Address		
City	State	Zip Code
Email Address for Remittance Advice <b>**REQUIRED**</b>		
Accounting Contact Name	Phone	Fax

Above named Vendor hereby authorizes Vincennes University to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment/reimbursement of goods and/or services.

<b>Banking Information (Please Print)</b>	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Name on Bank Account		
Bank Routing Number*	Bank Account Number	

\*Please provide the 9 digit bank routing number from a check\*  
 The routing number from a deposit slip is invalid. **Submit a copy of voided check with this form.** If you change banks or accounts, please provide at least thirty (30) days written notice.

**Vendor Authorization:**

_____ Authorized Signature	_____ Title
_____ Printed Name	_____ Date

VU Accounts Payable Use:			
Date Received	Date Entered	Entered By	Banner ID