SHIPPENSBURG UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION AGREEMENT
(Non-Travel Expenses)

Vendor Name	**SAP Purchasing Vendor #**	**SAP Payable Vendor #**

☐ Start Direct Deposit   ☐ Change Financial Institution

☐ Change Account Number   ☐ Stop Direct Deposit

A Remittance Advise detailing the payment will be e-mailed when an ACH is processed. Specify Address.

Vendor E-Mail Address: _____

Financial Institution's Name: _____

Routing Number	Account Number	Type of Account
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ Checking ☐ Savings

Effective Date: _____

I have an established account at the financial institution indicated above, and authorize Shippensburg University to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account indicated above.

My authorization will remain in effect until revoked by me in writing.

I agree to notify the Accounts Payable Department if I wish to change the designated Financial Institution or account to which University payments are to be deposited prior to the effective date of such change. I understand that failure to do so may delay the receipt of payments of my invoices.

Signature: _____ Date: _____

To be completed by Accounts Payable Dept.			
Date Received		.	Processed By

Original – Shippensburg University - Accounts Payable Dept. - 1871 Old Main Dr, - Shippensburg PA 17257