



Office of the University Controller
Florida State University

RETURN TO: Marissa Love
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Tallahassee, FL 32306-2540
Fax: (850) 645-8653

VENDOR DIRECT DEPOSIT AUTHORIZATION

FORM PURPOSE: To start, change or stop direct deposit for vendor payments received from Florida State University. Vendors may deposit to only one account.

Please fill in all fields

Social Security Number	<input type="text"/>
Full Name	<input type="text"/>
Email Address	<input type="text"/>
Preferred Phone Number (____)	<input type="text"/>
Direct Deposit Action (check one)	
Start <input type="checkbox"/>	Change <input type="checkbox"/>
	Stop <input type="checkbox"/>
Account Type: Checking	
Account Number (Please confirm this with your FINANCIAL INSTITUTION.)	<input type="text"/>
Transit/Routing number found on the bottom left hand corner of your check.	<input type="text"/>
Name of Financial Institution	Phone Number
<input type="text"/>	(____) <input type="text"/>

SPECIAL NOTE: Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to FSU and cause a seven to ten-day delay before you receive your payment. Direct deposits take effect immediately, so please ensure your information is correct. FSU is not liable for any incorrect information submitted by the vendor on this form (e.g., account number, routing number, vendor identification number).

ACKNOWLEDGEMENT: I, the undersigned, hereby authorize and request Florida State University 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) The Florida State University. 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