

INDIANA UNIVERSITY

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

New authorization

Update existing authorization

Cancel Authorization

Vendor Name		Federal Tax ID # (s)	
Account Name (if different)		Vendor E-Mail Contact Address	
Contact Name		Phone Number	
Address			
City	State	Zip	
Financial Institution Name		Contact phone number at Financial Institution	
City	State	Zip	
Account Number		Routing Number	

Type of Account

Checking

Savings

Both parties agree that the addendum information will be provided to the customer in the form of a CCD+ addendum record and, if desired, in the form of an e-mail notification for each invoice paid.

Would you like an e-mail remittance notification?

Yes

No

Remittance E-Mail Address

I certify that the information I provided is correct and that I am an authorized signer or designate of the account provided for direct deposit transactions and am entitled to provide this authorization. I (we) hereby authorize Indiana University to initiate credit entries to the account and financial institution listed above. I (we) further authorize adjusting entries (reversals) to correct errors, if any. This authorization is to remain in full force and effect until Indiana University has received written notification from me (us) of its termination in such time and manner as to afford Indiana University and the depository financial institution a reasonable opportunity to act on it.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Signature		Date
Printed Name		Title