

University of South Alabama Procurement Card and Travel Services Authorization for Electronic Direct Deposit

Select One:			Account Type:				
New Change			Checking Savings				
	Change	on and there ha	ı				
Til the University	y already has your information	Vendor Info		ccount chan	iges, this form is no	ot required.	
Name (printed):			USA (J) Number:				
Contact Name:			Contact Number:				
Street Address:							
Charles Charles			7to Codo				
City:	State:	State:			Zip Code		
Phone Number:			E-mail Address (for notification of direct deposit)				
Filotie Nutitibet.			L-man Address (for notification of direct deposit)				
Financial Institution Information							
Name:	Tillai	iciai ilistita		- Ilation			
Nume.							
Street Address:							
City: State:					Zip Code:		
Exact Depositor Account	Name:						
Nine-Digit Routing Transi	t Number						
Mile-Digit Routing Transi	t Nulliber.						
Account Number:							
By submitting this form, I certify that the information provided on this form is correct and understand that I am responsible, upon receiving USA notification of							
deposit, for verifying with my bank that my account has been credited. I understand that expenditures made from my account without such verification will be made at my own risk. I agree to promptly notify the USA Purchasing and Accounts Payable Departments of changes in name, address, and/or account status. I							
authorize the financial institution named above to process the credit entries initiated by USA. I understand that this authorization remains in full force and effect							
while I am a vendor for USA unless USA receives my timely written to terminate or unless used signals and signals are the signal signals.							
Authorized Signature: Da				Date:			
*If we are making deposits on your behalf into a U.S. Bank institution and then the entire payment is transferred to an international bank, please contact the USA							
Accounts Payable department @						,,,	
Fund: Org: Account:		Account:	Program			Activity:	
				_		•	
********		*****	*****	*******	*******	*******	
Reviewed by: Purchasing D	epartment:						
Name:			Date:				
Reviewed by: Accounts Pay	yable Department						
Name:			Date:				
Reviewed by: Procurement	t Card and Travel Services	•					
Name: Dat							