University of Southern Indiana Accounts Payable

ACH Direct Deposit Enrollment Authorization

Section 1: Payee Information

City: State: Zip code: Contact Person Name (if other than payee): Telephone number: E-mail address for notification of deposit: If no e-mail address is provided, remittance information cannot be sent. Official USI e-mail address will be used for faculty/staff. Section 2: Financial Institution Information Name: City: State: Bank account type (check one): Checking Savings Bank routing number (must be nine digits): Account number: Account number: Tetrify that the information provided on this form 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 hereby authorize the University of Southern Indiana (USI) to initiate electronic credit entries and, if necessary, debit entries or adjustments to correct any deposit errors to my checking or savings account at the financial institution listed above. I understand that a minimum of three business days is required for USI to make the transfer to my account after I receive the e-mail notification of the disbursement. It is my responsibility to verify payments have been credited to my account and USI assumes no liability for overdrafts for any reason. This authority is to remain in full force and effect until USI has received written notification from me of its termination in such time and in such manner as to afford USI and the financial institution named above a reasonable opportunity to act on it. Signature: Date: Printed name: Title:	Name:		
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Please return this form to:

University of Southern Indiana Accounts Payable 8600 University Blvd. Evansville, IN 47712