## **Ball State University**

Direct Deposit of Accounts Payable Authorization Agreement Form

Section 1: Vendor Information

Section 2: Financial Institution Information

Vendor name	Financial Institution Name		
Vendor address	Financial Institution Address		
Name/Title of contact	Title of Account		
E-mail address	Type of depositor account  □ Checking □ Savings		
E-mail notification of EFT  ☐ Yes ☐ No	Account Number		
Phone Number-	Bank Routing Number (Must be nine digits)		

I hereby authorize Ball State University to initiate electronic credit entries, necessary debit entries, adjustments, or to correct any deposit errors to my checking or savings account at the financial institution indicated above.

This authority is to remain in full force and effect until Ball State University has received written notification from me of its termination in such time and in such manner as to afford Ball State University and the financial institution named above a reasonable opportunity to act on it.

Name	_Title
Signature	Date

Please mail or fax the completed form to:
Ball State University
Office of Accounting AD G04
2000 W. University Ave.
Muncie, IN 47306

Fax: (765) 285-1947

Your Name		8077	
123 West Street Any City, USA 12345		DATE	
PAY TO THE ORDER OF		\$ DOLLARS	
for:		DOLLANG	
123456789	21447778	8077	
Routing Number Acc	count Number	Check Numl	oer

<sup>\*</sup>In some cases, the order of the checking account number and the check number is reversed.