ILLINOIS STATE UNIVERSITY

Authorization for Direct Deposits (ACH Payment

*****NOT for Payroll Direct Deposits*****

Vendor/Individual Name Tax ID Number (Business)

Address

City State Zip

Bank Name Bank Routing Number (9 digits)

Choose One and provide nbr: _____

Checking Account # Savings Account #

For Deposit Notification: _____

Email Address

****Please attach a Voided Check for a Checking Account or Deposit Slip for a Savings Account to ensure accurate processing****

I hereby authorize Illinois State University (ISU) to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) for any erroneous credit entries made to my account with the financial institution named above for invoices properly submitted to ISU. I further understand that Illinois State University assumes no liability in accepting this authorization other than transmitting funds electronically with the above financial institution.

This authorization remains in effect until ISU has received written notification from me in such time and manner to allow ISU a reasonable amount of time to act upon it.

Written Authorized Name Signature Date

Please return the completed form to the Comptroller's Business Office in 102 Hovey Hall, or mail to: Illinois State University
Comptroller's Business Office
Campus Box 1200
Normal, IL 61790-1200

Questions? please call Mary Kentzler at 309.438.3290
Revised: 08/21/06