



Instructions: Please complete the requested information throughout the form, sign and date your authorization, **ATTACH A VOIDED CHECK**, and return to:

The University of Memphis
Accounting Office
275 Administration Bldg
Memphis, TN 38152-3370

This Authorization Is For:

- 1) NEW request
- 2) CHANGE of account information
- 3) CANCELLATION of a prior request

Vendor is responsible for notifying The University of Memphis of any changes.

Vendor Name:

Federal Tax ID:

Remit-to-Address:

City:

State:

Zip Code:

E-mail Address (REQUIRED):

Contact Name:

Telephone Number:

Fax Number:

Bank Information

Name of bank or credit union (branch, if any):

Address of bank or credit union (branch, if any):

Checking Account Number (13 digits):

Bank or Credit Union Routing Number (9 digits):

(This number appears between these symbols | : | : in the bottom left of your check)

I hereby authorize:

1. The University of Memphis to deposit my vendor invoice payment via electronic funds transfer.
2. My financial institution to credit this amount to my account.

In the event that the exercise of this authorization for any reason results in an overpayment for vendor invoices actually due and payable to me, I hereby authorize the University to either: **A)** debit my above-identified checking account for an amount not to exceed said overpayment, or **B)** withhold a sum equal to the overpayment from my next disbursement of vendor invoice payment.

I understand this authorization applies only to my vendor record and does not effect my payroll direct deposit information.

Signature: _____ Date: _____