



Direct Deposit Form

Vendor Name _____ Tax ID or SSN _____

Vendor Address _____
(Street)

(City) (State) (Zip Code)

Remittance Contact _____

Remittance Email Address _____

Banking Information

Bank Name _____

Branch Name & Address _____

ABA/Routing Number

Type of Account:

[Grid for ABA/Routing Number]

Checking Savings

Account Number

[Grid for Account Number]

Direct Deposit Agreement

1. BYU will initiate direct deposit payments to the financial institution and account number you provide.
2. Payments will be governed by Article 4A of the Uniform Commercial Code as adopted in Utah.
3. Either party may terminate this agreement by submitting 14 days written notice. You may also change your enrollment information by written request to BYU. Please allow 14 days for changes to be completed.
4. Payments will be considered complete when your financial institution has received or has control of the payment (which may not coincide with the posting of funds to your account).
5. BYU is not responsible for any loss arising from error, mistake, or fraud in the information you provide or from a loss of data caused by the actions of another.
6. BYU may adjust future payments if payments previously made are duplicates, excessive, in error, or if there is any other basis under an agreement of the parties for such an adjustment.
7. This agreement does not change the rights and obligations contained in any negotiated agreement. Any conflicting terms of such agreement will prevail over the terms of this agreement.

I declare that all banking data provided herein is correct. I affirm that I am an authorized representative of the aforementioned company and have the ability to approve and authorize electronic payments made to the account number above. I also agree to the terms and conditions of this agreement.

Authorized Vendor Representative Name (print)

Title

Authorized Vendor Representative Signature

Date Signed

BYU Approval Name (print)

Title

BYU Approval Name Signature

Date Received