



# ACCOUNTS PAYABLE VENDOR DIRECT DEPOSIT

## Direct Deposit Agreement Form For Reimbursement to Vendors

### Authorization Agreement

I hereby authorize **Gonzaga University** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Gonzaga University** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Gonzaga University** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Gonzaga University** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department. Please allow Gonzaga University ten business days for any changes to this information.

**\*\*\*\*You will receive notification via email of each deposit with invoice numbers. \*\*\*\***

### Account Information

Name of Company: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking Acct # \_\_\_\_\_

### Signature

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Phone# \_\_\_\_\_

Email address \_\_\_\_\_

Date \_\_\_\_\_

**Please note all fields above are required for ACH depositors.**

Thank you,  
Crystal Marchand - Accounts Payable Manager  
Gonzaga University  
PO Box 3464  
Spokane, Washington 99220-3464

(509) 313-6807