



University Hospital Accounts Payable DIRECT DEPOSIT AUTHORIZATION FORM

01-May-2009

DATE

EMPLOYEE/VENDOR NAME (HERETO AFTER KNOWN AS PAYEE)

PAYEE'S PHONE NUMBER

Check the Appropriate Box \longrightarrow

New Setup

Change Information

Cancel Direct Deposit

Payee Disclosures

The Payee hereby authorizes the University of Utah to deposit payments/reimbursements directly to the account indicated below and to initiate, if necessary any debit entries and adjustments for any direct deposit errors made. The Payee understands that *it is the Payee's responsibility* to check the account on the next business day after receiving the payment advice to ensure that the account was properly credited. This authority will remain in effect until a new form is filed. The University **will not** be liable for Payee's bank charges resulting from problems associated with direct deposit such as: error in Payee provided bank information, or lack of Payee notification when a bank account is closed.¹

Payee Information

PAYEE'S EMPLOYEE ID, SOCIAL SECURITY NUMBER² OR [VENDOR'S] TAXPAYER ID

SIGNATURE OF AN AUTHORIZED SIGNOR ON THE ACCOUNT

PAYEE'S EMAIL ADDRESS (ADVICE WILL BE SENT TO THIS ADDRESS)

PRINTED NAME OF ABOVE SIGNATORY

Bank Information

BANK OR CREDIT UNION NAME

Checking

ACCOUNT TYPE (CHECKING OR SAVINGS)

TRANSIT (ABA)/ROUTING NUMBER (9 DIGITS)³

ACCOUNT NUMBER

Disclosures

¹ **PRIVACY AND NOTIFICATION** The principal purpose for requesting the information on this form is to verify the Payee's identity and set-up an account to receive direct deposits of non-payroll payments. Furnishing the Payee's name, address, and bank account information on this form is mandatory — failure to provide such information will delay or may even prevent the payment for which this form is being filled out. **Information on this form is used by the University's Accounts Payable Department for non-payroll payments.**

² Pursuant to the Federal Privacy Act of 1974, the Payee is hereby notified that disclosure of the Payee's social security number is voluntary. The social security number is used to verify the Payee's identity. A Taxpayer ID is required if the Payee is not a student or employee of the University.

³ Please verify the correct Routing Number by calling the Payee's financial institution. The bank Routing Number may be different for electronic deposits than it is for manual deposits (the Routing Number shown on the Payee's deposit slip).

ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THIS ACCOUNT HERE AND FORWARD THE ORIGINAL DOCUMENT TO ACCOUNTS PAYABLE.

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE



SUBMIT THE ORIGINAL SIGNED VERSION OF THIS FORM TO ACCOUNTS PAYABLE

HOSPITAL ACCOUNTS PAYABLE, 127 SOUTH 500 EAST SUITE 200, SALT LAKE CITY, UTAH 84102

PHONE: 801/587-6755

FAX: 801/297-4817

MAY 2009