## **Direct Deposit Authorization Agreement for Vendors**

\*\* This form must be typed or completed in ink (no pencils). \*\*

Please submit completed signed original form along with either an original voided check or an original letter for the bank (for account verification) to:

UNC Charlo	tte, Financial Servi	ces, Direct Deposit Ad	ministrator	
3rd flo	or Reese Admin Bld	lg., 9201 University Cit	y Blvd.	Must be melled
	Charlotte	e. NC 28223		<must be="" mailed<="" td=""></must>
				to THIS address. <u>DO</u> .
X Initial/New Agreement	Change to I	nitial/New Agreement		NOT. FAX.
Vendor Information				
UNC Charlotte ID #: (If known)		{FILL IN THIS ENTIRE BOX}		
Vendor Name:				
Vendor Address Line 1:				
Vendor Address Line 2:				
Vendor Contact Name:				
Vendor Email:				
Vendor Phone #:				
Bank Information				
Bank Account Type:		Checking	Sai	vings
Bank Name:		{FILL IN THIS ENTIRE BOX}		
Branch:				
City:				
ACH Bank Routing #: Please do NC	<b>DT</b> use			
routing # from a Deposit Ticket.				
Account #:				
Vendor Agreement: Your signature below account identified above. Electronic payr of U.S. law, as well as the requirements of entire payment amount is not subject to be remain in effect until you provide written 4th Floor Reese Blgd, 9201 University Cagreement or request to stop direct deposit occurs.	nents to the designate the Office of Foreigoeing transferred to notification to UNC City Blvd., Charlotte	ated account must cong gn Assets Control (OFA a foreign bank accoun Charlotte, Financial Se e, NC 28223-0001 requ	nply with the pact.  C). You affirm the thick author ervices, Controles a change and the pacting and the pa	orovisions In that the Irization will Oller's Office, ge to the initial
<b>Note:</b> After enrolling for Direct Deposit a unless this agreement is terminated or an notify the office above in writing (by subn "Change to New/Initial Agreement" or "Roccurs without the University receiving w 10 business days). If funds are direct department against the account to recove	nended by written n nitting this documer equest to Stop Direc ritten notification, a posited to your accou	notification. It is each with the Type of Agr the transition of Agr the Type of Agr the Type of Agr the Type of Agr the Univer the Univer	vendor's respo reement mark ge to your ban f funds will occ	onsibility to ed as k account cur (up to ate a debit
{SIGN}				{DATE}
Signature of Company Official or Account Holder				Date

AP016 - Vendor DD Form Revised 03/18/10