

# VENDOR DIRECT DEPOSIT AUTHORIZATION

VDEP Entry		
Initial	Date	Agency

## INSTRUCTIONS

- Use only Blue or Black Ink.
- Alterations must be initialed.
- Section 6 must be completed by the paying agency.
- Check all appropriate boxes.
- Return completed form to:  
**HSC - Accounts Payable, P.O. Box 5970**  
**Lubbock, Texas 79430-5970**

## TRANSACTION TYPE

Sec. 1	<input checked="" type="checkbox"/> New Set Up (Sections 2, 3 & 4)	_____	Change Account Number (Sections 2, 3 & 4)
	<input type="checkbox"/> Cancellation (Sections 2 & 3)	_____	Change Account Type (Sections 2, 3 & 4)
	<input type="checkbox"/> Change Financial Institution (Sections 2, 3 & 4)	_____	

## PAYEE IDENTIFICATION

Section 2	1. Social Security Number or Federal Employer's ID (FEI) _____	2. Vendor Code: R _____		
		Sequence # _____		
		Completed by Paying Agency _____		
	3. Name _____	4. Business Phone Number _____		
	5. Email Address (Required) _____			
	6. Street Address _____	7. City _____	8. State _____	9. Zip Code _____

## AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

Section 3	10. I authorize TTU, TTUHSC or TTU System to deposit by electronic transfer payments owed to me by listed agencies, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. The appropriate agency shall deposit the payments in the financial institution and account designated below. I recognized that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.		
	I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the TTU, TTUHSC and TTU System policies and procedures about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		
	Will these payments be forwarded to a financial institution outside the United States		Yes _____ No _____
	11. Authorized Signature _____	12. Printed Name _____	13. Date _____

## BANKING INFORMATION

Section 4	14. ATTACH A VOIDED CHECK (Deposit slip not acceptable)		
	or		
	LETTER FROM YOUR FINANCIAL INSTITUTION with the below information.		
	Financial Institution Name	City and State	
	Routing Transit Number	Customer Account Number (Dashes Required - Yes / No)	
Type of Account: Checking is the only option			
*To view Vendor Invoice information (Addendum Records) attached to your ACH payment, you must notify your bank that you want this option.			

## CANCELLATION BY AGENCY

Sec. 5	15. Reason _____	16. Date _____
	_____	_____

## PAYING AGENCY

Section 6	17. Signature _____	18. Printed Name _____
	19. Agency Name _____	20. Agency Number _____
	21. Comments _____	22. Phone Number _____
		23. Date _____