



VENDOR AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH)

CONTACT INFORMATION

Eastern Oregon University
One University Blvd
La Grande, OR 97850

CONTACT: Accounts Payable
TELEPHONE NO.: 541-962-3664
FAX NO.: 541-962-3849
E-MAIL ADDRESS: hmccenroe@eou.edu

PAYEE/AGENCY INFORMATION (Required)

NAME/BUSINESS NAME: _____ TAX ID/SSN: _____

CONTACT NAME: _____ TEL. NO. _____

E-Mail Address: _____ FAX. NO. _____

You will be notified via e-mail when a deposit is initiated into your bank account. After the email notification is sent, a minimum of two business days is required for the transfer to be completed and the funds available.

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____ BRANCH: _____

ADDRESS: _____

ACCOUNT TITLE (Vendor name as on account): _____

ACCOUNT NUMBER: _____ ROUTING NUMBER: _____

TYPE OF ACCOUNT: CHECKING (Voided check must be attached)
 SAVINGS (Verification of bank account information must be attached)

INTERNATIONAL DEPOSIT INFORMATION

There have been some recent changes to the payment system rules for direct deposit. If the entire amount of any of your direct deposit payments will ultimately be deposited to a financial institution outside the U.S. please contact us at 541-962-3664, as an additional AIT form will need to be completed.

- The entire amount of my direct deposit payments WILL ultimately be deposited to a financial institution outside the U.S.
 The entire amount of my direct deposit payments WILL NOT be deposited to a financial institution outside the U.S.

This form authorizes Eastern Oregon University (EOU) to initiate CREDIT ENTRIES ONLY to the bank account indicated above, for payment of invoices. However, if monies to which I am not entitled are deposited into my account, I authorize EOU to direct the bank to return said funds. I certify that I am an authorized representative of the above stated vendor. I understand that it is my responsibility to verify payments have been credited to my account and that EOU assumes no liability for overdrafts for any reason. I acknowledge that the origination of ACH transactions to the account indicated above must comply with the provisions of U.S. law.

This information is to remain in effect until EOU has received written notification of termination from us.

SIGNATURE: _____

TITLE OF PAYEE REPRESENTATIVE: _____

TELEPHONE NO.: _____ DATE: _____

FOR EOU USE ONLY

GXADIRD - Input date: _____ Entered by: _____

WD Address - Input date: _____ Entered by: _____