



ACCOUNTS PAYABLE DIRECT DEPOSIT

Direct Deposit Agreement Form for Reimbursement/Advance – Gonzaga Community

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.

*****Please attach a voided check with your account information to this form.*****

Bank Account Information

Name of Financial Institution: _____

Routing Number: _____ (9 digit# bottom left hand corner of check)

Account Number: _____ (10 digit# bottom center of check)

Gonzaga Employee Information and Signature

GU Banner I.D. # (not SS#) _____

Printed Name _____

Street Address _____

City and State _____ Zip _____

Email address _____ Campus Extension# _____

Signature _____ Today's Date _____

The information provided will be kept confidential, as is all information provided to the Controller's Office at Gonzaga University.

You will receive an email notification of each deposit.

If you have any questions please contact: Sharon Wade - Accounts Payable Manager
(509) 313-6807