



ACCOUNTS PAYABLE VENDOR DIRECT DEPOSIT

Direct Deposit Agreement Form For Reimbursement to Vendors

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.

******You will receive notification via email of each deposit with invoice numbers. ******

Account Information

Name of Company: _____

Name of Financial Institution: _____

Routing Number: _____

Checking Acct # _____

Signature

Authorized Signature _____

Title _____

Phone# _____

Email address _____

Date _____

Please note all fields above are required for ACH depositors.

Thank you,
Sharon Wade - Accounts Payable Manager
Gonzaga University
PO Box 3464
Spokane, Washington 99220-3464

(509) 313-6807