



Vendor # \_\_\_\_\_

### NCA&TSU Vendor/Employee Electronic Payment (NOT PAYROLL) Direct Deposit Authorization Agreement

New Enrollment \_\_\_\_\_ Change Enrollment \_\_\_\_\_ Delete Enrollment \_\_\_\_\_

Please select type of enrollment by placing an "x" in the appropriate space. Choose "New" if you are signing up for the first time, or wish to restart direct deposit. Choose "Change" in the event you wish to have the funds deposited into a different bank account.

Federal ID Number _____		Company Name (please print) _____	
Deposit Funds Into:			
Bank Name _____		Branch _____	
City _____		State _____	Zip Code _____
Routing No. _____		Account No. _____	
		---- CHECKING ACCOUNT <input type="checkbox"/>	
		---- SAVINGS ACCOUNT <input type="checkbox"/>	

⇒⇒⇒⇒ PLEASE ATTACH A VOIDED CHECK (for checking account) ⇐⇐⇐⇐  
(write "void" across the front of the check)

-OR-

⇒⇒ PLEASE ATTACH A VOIDED PREPRINTED DEPOSIT SLIP (for savings account) ⇐⇐  
(write "void" across the front of the slip)

*NOTE: After your consent for direct deposit has been processed, a one-time zero dollar (\$0.00) transaction occurs and may appear on your bank statement. This is a test transaction to ensure the accuracy of the direct deposit information. This initial process will take up to ten business days. After you enroll for direct deposit, all future payments will be deposited directly to the account specified unless this agreement is terminated or amended by written notification. If funds are directly deposited to your account in error, the University may initiate a transaction to remove the funds. If you change or close the bank account specified, you must resubmit this form (Change Enrollment) immediately.*

I authorize North Carolina A&T State University to deposit Vendor/Employee reimbursable payments into the checking account or savings account noted above. This form is not to be used for Payroll purposes. This authorization will remain in effect until I provide written notification to the Disbursements Unit-University Accounting Office requesting termination (allowing 15 days for processing).

\_\_\_\_\_  
Signature Date

Contact Name and Phone Number (Please print) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please forward to – University Accounting Office, 2<sup>nd</sup> Floor Dowdy Bldg.  
fax number 336.256.0891

If you have questions, call us at 336.334.7684