



University of Alaska
Statewide Financial Systems
PO Box 756580
Fairbanks AK 99775-6580

Dear Valued Vendor:

We are streamlining our payment process by switching from paper checks to electronic payments. This change will benefit you by eliminating delays in mail processing, check handling, and other associated costs. In addition, you will be helping the University of Alaska reduce administrative costs.

The Direct Deposit payment option has preferred payment terms for goods and services. It is one of three new payment term options the University of Alaska offers: 1) Credit Card- Net 15 days (preferred), 2) Direct Deposit - Net 30 days (preferred), and 3) Paper Check - Net 45 days.

We encourage you to complete this form to sign up for Direct Deposit. With each payment, the University will email you a confirmation, which will include related invoice information.

Thank you for helping the university make this transition to a more efficient payment process. For questions, contact Helen Connor, 907-450-8062 or Alison Hayden, 907-450-8060. Please FAX this form to 907-450-8051 or mail to the address above. Do not send by email as it contains sensitive information.

DIRECT DEPOSIT PAYMENT AGREEMENT

PAYEE INFORMATION			
TAXPAYER ID (SSN/EIN) - ID number assigned to the legal name below and used for tax reporting			
LEGAL NAME — Name that is used for tax reporting		BUSINESS NAME — Doing Business As (DBA) name, if different	
MAILING ADDRESS		CITY	STATE ZIP CODE
CONTACT NAME	PHONE	ACCEPT CREDIT CARD PAYMENT? ☐ YES ☐ NO	
CONTACT EMAIL		PAYMENT NOTIFICATION EMAIL	
BANKING INFORMATION			
FINANCIAL INSTITUTION NAME	NAME ON ACCOUNT — Business/legal name	☐ CHECKING ☐ SAVINGS	
ABA/ROUTING TRANSIT NUMBER (9-digit RTN)	FULL ACCOUNT NUMBER		

AGREEMENT AND AUTHORIZATION

I certify that I am authorized to approve this agreement consistent with Alaska law. I hereby authorize the University of Alaska to satisfy payment obligations due to me by making deposits to the account indicated above. I understand that receipt of the electronic fund transfer(s) will fulfill the payment obligation and the University will be credited for the full amount on the date the fund transfer is completed. I understand the University will make a reasonable effort to notify me within 24 hours if a reversing entry is made against this account. This authority is to remain in full force through the duration of this agreement. I understand that thirty (30) days written notice is required if I change financial institutions, account numbers or type of account.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of direct deposit is not being forwarded to a bank in another country and that if at any point I establish a written order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the University of Alaska immediately.

I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS11.56.210 as a class A misdemeanor.

If the University discovers that the full amount of direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. All correspondence with the University concerning this agreement or any changes to account information should be sent to the address at the top of this form. All terms remain in effect until this agreement is terminated by either party.

PRINTED NAME	TITLE
SIGNATURE	DATE

BUSINESS OFFICE USE ONLY

ENTERED BY	VENDOR ID
INDEPENDENTLY VERIFIED PHONE #	WAS THE VENDOR CONTACTED?
VERIFIED BY	DATE