

# UNIVERSITY OF ALASKA

## VENDOR DIRECT DEPOSIT AGREEMENT

*Please mail or FAX this form – Do not send by email – Contains sensitive information*

### CREATE/CHANGE ACCOUNT

☐ New Direct Deposit Setup ☐ Change Direct Deposit Account ☐ Cancel this Agreement

### PAYEE INFORMATION

TAXPAYER ID (SSN/EIN) - ID number assigned to the legal name below and used for tax reporting

LEGAL NAME — Name that Taxpayer ID above is assigned to and is used for tax reporting

BUSINESS NAME — Doing Business As (DBA) name, if different from legal name shown above

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

ABA/ROUTING TRANSIT NUMBER (9-digit RTN)

FULL ACCOUNT NUMBER

ACCOUNT TYPE

☐ CHECKING

☐ SAVINGS

ACCOUNT CHANGES —  
If you are changing banks, please list your  
prior banking information.

PRIOR ABA/ROUTING TRANSIT NUMBER

PRIOR FULL ACCOUNT NUMBER

### BUSINESS OFFICE USE ONLY

ENTERED BY

VENDOR ID

INDEPENDENTLY VERIFIED PHONE #

WAS THE VENDOR CONTACTED?

VERIFIED BY

DATE

### 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