MOUNT ST. JOSEPH UNIVERSITY®

Vendor Direct Deposit Agreement Form

Authorization Agreement

I hereby request and authorize Mount St. Joseph University to deposit payments to the account provided below. In situations where a payment has been made in error, Mount St. Joseph University is authorized to correct that error. This agreement will remain in effect until Mount St. Joseph University receives a written notice of change or cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Office.

Vendor Information

Type of authorization: New ☐ Change ☐ Cancellation ☐

Business name: _____ Tax ID # _____

or Individual name _____ SSN# _____

Street Address _____ Phone # _____

City _____ State _____ Zip _____

Email address _____

(An email address is required for notification of payment)

Account Information

Name of Financial Institution: _____

Routing Number (9 digits) _____

Account Number _____ Checking ☐ Savings ☐

Signature

Authorized Signature (Primary) _____ Date _____

Please return this form to: Mount St. Joseph University, Accounts Payable, 5701 Delhi Road, Cincinnati, OH 45233 or Moriah Lambert, *accountspayable@msj.edu*, 513-244-4323.

For Accounts Payable Office Use Only

Vendor # _____ Date Received _____ Date Input _____