

ECKERD COLLEGE

Accounts Payable Direct Deposit Authorization Form

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to individuals/vendors/contractors financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

I. INDIVIDUAL INFORMATION

Name:	<input type="text"/>	Eckerd ID # (if applicable):	<input type="text"/>
Email Address:	<input type="text"/>	Required for Electronic Payment Notification	
Address	<input type="text"/>	Phone Number:	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Country	<input type="text"/>	Vendor Number (Eckerd College Use Only):	

II. VENDOR/CONTRACTOR INFORMATION

Name:	<input type="text"/>	Contact Person Name:	<input type="text"/>
Email Address:	<input type="text"/>	Required for Electronic Payment Notification	
Address	<input type="text"/>	Phone Number:	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Country	<input type="text"/>	Vendor Number (Eckerd College Use Only):	

III. BANKING INFORMATION

Bank Name:	<input type="text"/>		
Bank Address:	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Country	<input type="text"/>		
Nine-Digit Bank Routing (ABA) Number:	<input type="text"/>	Type of Account Check One;	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Depositor Account Number:	<input type="text"/>	Please attach a voided check to ensure banking information is correct.	

IV. AUTHORIZATION

I hereby certify as to the accuracy of the information contained herein, and I understand that if this information is incorrect, payment could be delayed by a period of 30 to 90 days.

Signature:

Date:

RETURN COMPLETED FORM TO:
Eckerd College
4200 54th Avenue South
St. Petersburg, FL 33711
Attn: Accounts Payable Office

ACCOUNTS PAYABLE CONTACT INFORMATION:
Phone Number: (727) 864-7756
FAX Number: (727) 864-8802

INSTRUCTIONS FOR PROCESSING DIRECT DEPOSIT AUTHORIZATION

I. Individual Information

- Complete this section if the payment is for an individual. Please include an email address so notification may be sent when payment is made.

II. Vendor/Contractor Information

- Complete this section if the payment is for a vendor/Contractor organization.

		101
PAY TO THE ORDER OF:		20
		\$ Dollars
For		
1.) NAME OF YOUR BANK		
2.) Payable Through Another Bank		
0212001092	123 456 789	0101

1.) Financial Institution Name.

2.) If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

3.) Bank Routing Number -
Here you would put "021001092".

4.) Account Number -
Here you would put "123456789".

3.) Bank Routing Number

4.) Account Number

5.) Check Number

III. Banking Information - All information is required.

- For your convenience, in lieu of entering your Depositor Account Number and the Nine-Digit Bank Routing Number, a voided personal check must be attached. If your financial institution is a credit union or a mutual fund, please call your financial institution to verify the "ACH Routing and Account Number".

IV. Authorization

- Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

Note: If any information provided on this form changes, you must submit a new form.