

Vendor ACH/Direct Deposit Authorization Form

University Press of Mississippi Business Office

1. Please Check One:

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NEW Direct Deposit

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CHANGE Direct Deposit

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CANCEL Direct Deposit

Paypal

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

☐

Checking

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Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize University Press of Mississippi Business Office to electronically deposit payments to the bank account designated above. It is my responsibility to notify UPM BO (upminvoices@mississippi.edu or (601) 432-6205) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify UPM BO in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until UPM BO has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days. **Also, please note if you choose an international wire transfer, there is a fifty dollar (\$50.00) charge.**

Print Name: _____

Signature: _____

Date: _____

Important Information

Please return completed form via email: UPMinvoices@ihl.state.ms.us

For Business Office Use Only

BO Reviewed and Approved:

Date:

Date Stamp - Received