

## Vendor ACH/Direct Deposit Authorization Form

University Press of Mississippi Business Office

### 1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

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

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](mailto: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](mailto:UPMinvoices@ihl.state.ms.us)

### For Business Office Use Only

BO Reviewed and Approved:

Date:

### Date Stamp - Received