

Vendor Direct Deposit (EFT) Agreement



Complete form and sign it. Then email it to
TWUVendor@twu.edu

TEXAS WOMAN'S UNIVERSITY™

TRANSACTION TYPE

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> New Setup | <input type="checkbox"/> Change Financial Institution |
| <input type="checkbox"/> Cancellation | <input type="checkbox"/> Change Account Number |
| | <input type="checkbox"/> Change Account Type |

PAYEE INFORMATION

<input type="text"/> Social Security # or Federal Tax Identification #	<input type="text"/> Vendor Name	<input type="text"/> Business Phone	
<input type="text"/> Remit Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code

FINANCIAL INSTITUTION INFORMATION

<input type="text"/> Name	<input type="text"/> City	<input type="text"/> State
<input type="text"/> Routing Transit Number	<input type="text"/> Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Type

AUTHORIZATION

I hereby authorize Texas Woman's University (TWU) and the depository named above to initiate direct deposit (credit) entries and correction (debit) entries to the depository account listed above. This authorization will remain in effect until Procurement and Contract Services Services receives written notification of cancellation.

Authorized Signature

Date

Printed Name and Title

Remittance Email Address

******* PLEASE ATTACH A VOIDED CHECK (NOT A DEPOSIT SLIP) TO THIS FORM BELOW *******