

# Jackson State University The Business Office

## Vendor Direct Deposit Authorization Form

Vendor's Name

Contact Name

Address

City  State  Zip Code

TIN Number

The vendor has the right to modify or rescind this authorization at anytime.

**PLEASE CHECK ALL THAT APPLY**

- New Application       Change of Financial Institution       Cancel Authorization

**Please contact your financial institution if you need assistance with the following information.  
Note that Direct Deposit Refunds can only be applied to accounts at domestic (U.S.) financial institutions.**

Bank Name  City  State

**TYPE OF ACCOUNT - PLEASE CHECK ONE:**

- Checking or Money Market Account      *(Attach a voided check below to verify account information)*
- Savings Account

TRANSIT ROUTING (ABA) NUMBER

ACCOUNT NUMBER

I hereby authorize: (1) Jackson State University to deposit my funds via Direct Deposit,  
(2) My financial institution to credit my account, and  
(3) Jackson State University to initiate and my financial institution to make adjustments to my account for any incorrect credits/payments which may occur.

This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my account, close my account, or change financial institutions. All requests for changes should be submitted to Jackson State University at least 2 weeks in advance, to enable the University and financial institution(s) to process appropriate transactions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

RETURN TO: JACKSON STATE UNIVERSITY  
THE BUSINESS OFFICE, P. O. BOX 17250  
JACKSON, MS 39217