Office of the University Controller
Florida State University

VENDOR DIRECT DEPOSIT AUTHORIZATION

FORM PURPOSE: To start, change or stop direct deposit for vendor payments received from Florida State University. Vendors may deposit to only one account.

Please fill in all fields

Vendor E.I.N (required) ☐ OMNI Vendor # (FSU Use) ☐
Company Name
Daytime Phone Number (_____) _____
Direct Deposit Action (check one) Start ☐ Change ☐ Stop ☐
Account Type (check one) Checking ☐ Savings ☐
Account Number (Please confirm this with your FINANCIAL INSTITUTION.) ☐
Transit/Routing number found on the bottom left hand corner of your check. ☐
Name of Financial Institution _____ Phone Number (_____) _____

SPECIAL NOTE: Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to FSU and cause a seven to ten-day delay before you receive your payment. Direct deposits take effect immediately, so please ensure your information is correct. FSU is not liable for any incorrect information submitted by the vendor on this form (e.g., account number, routing number, vendor identification number).

ACKNOWLEDGEMENT: I, the undersigned, hereby authorize and request Florida State University to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the above-named financial institution. This direct deposit is to remain in effect until changed by: (a) an officer of the vendor; (b) the vendor's legal representative; (c) the above-named financial institution; or (d) The Florida State University. Any change must be in writing and must be transmitted in a timely manner for any change to take effect. This election will remain in effect until the option is cancelled. The authorized signature below signifies acceptance of the terms and conditions stated above.

_____ _____
Signature Date