



## STEPHEN F AUSTIN STATE UNIVERSITY DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR VENDORS

Upon completing this form, submit the signed original to SFASU, Controller's Office  
SFA Box 6085, Nacogdoches TX 75962-6085

Please check appropriate box:

<i>Request to Start Direct Deposit</i>	<i>Request to Change Direct Deposit</i>	<i>Request to Stop Direct Deposit</i>
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<b>Vendor Information</b>	
Taxpayer Identification Number (EIN or SSN):	
Vendor Name:	
Vendor Mailing Address:	
City, State, Zip:	
Vendor Contact Name:	
Vendor Contact Email:	
Vendor Phone Number:	

<b>Bank Information (please check one)</b>		
	<b>Checking</b> <i>Attach voided check</i>	<b>Savings</b> <i>Attach preprinted deposit slip</i>
Bank Account Type	<input type="checkbox"/>	<input type="checkbox"/>
Bank Name:		
Branch:		
City:		
Bank Routing Number:		
Account Number:		

**Vendor Agreement:** My signature below authorizes Stephen F. Austin State University to deposit all payments into the bank account identified above. This authorization will remain in effect until I provide written notification to Stephen F. Austin State University Controller's Office, SFA Box 6085, Nacogdoches, TX 75962-6085 requesting a change to the initial agreement or requesting to stop direct deposit by submitting this document with the Type of Agreement marked as "Request to Change Direct Deposit" or "Request to Stop Direct Deposit."

**Note:** After enrolling for Direct Deposit, vendor payments from Stephen F. Austin State University will be deposited directly to the bank account indicated above unless this agreement is terminated or amended by written notification. Notification that a transaction has been processed will be sent to the business email address listed on this form. I understand that it is my responsibility to verify deposits before writing checks against these funds and that Stephen F. Austin State University is not responsible for bank errors or bank fees.

I hereby authorize Stephen F. Austin State University to initiate direct deposits to my account. If funds are direct deposited to my account in error, I agree to allow Stephen F. Austin State University to initiate a withdrawal transaction against my account to recover/remove the funds.

\_\_\_\_\_  
Signature of Company Official \_\_\_\_\_  
Date

**For Office Use Only**

SFA Vendor No: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By: \_\_\_\_\_