



Vendor Direct Deposit Authorization

CHECK ONE: New Request
 Change of Bank or Account Number
 Delete Authorization

Payee/ Company Information: _____

SSN No. or Taxpayer ID No. : _____

Address: _____

Contact Person Name: _____ Telephone Number: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing Number:

Please verify your routing number with your financial institution.

Checking Account Number: _____
 Savings
 Lockbox Lockbox Number: _____

I hereby authorize California State University, Stanislaus (CSUS) to deposit my refund via electronic fund transfer (EFT) and my financial institution to credit this amount to my account. 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. *Note:* I understand that the University needs ten (10) business days to set up this authorization and two (2) business days for EFT after funds become available. In the event my banking institution refuses the electronic transfer of funds, I understand that it will be up to ten (10) working days before the University will produce a disbursement check.

Signature: _____ Date: _____

Title: _____ E-Mail: _____

Privacy Notification

The State of California Information Practices of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting information on this form is to acquire authorization for refund distribution to a financial institution of the individual's choosing. Furnishing all information on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being submitted.

ATTACH A PRE-PRINTED, VOIDED CHECK Here*

DIRECT DEPOSIT CANNOT BE PROCESSED
WITHOUT A VOIDED CHECK

***Attach a deposit slip if you have a saving account**