



## Authorization for Direct Deposit/ACH Payment

### Section 1: Identifying Information

Tax Identification Number: EIN  or SSN   
 Legal Business/Individual Name:  
 Address: City:  
 State: ZIP:  
 Email Address:

### Section 2: Current Financial Information

Bank Verification must be attached  
 Bank Name: Checking  or Savings   
 Account Number: *Account number must match attached bank verification*  
 Routing Number: *Routing number must match attached bank verification*  
 Payment Notification Email:

### Section 3: Prior Financial Information

Bank Verification must be attached  
 Bank Name: Checking  or Savings   
 Account Number:  
 Routing Number:  
 Payment Notification Email:

### Section 4: Read the Agreement, sign & date

The University shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier. The entity listed hereby authorizes the University of Wisconsin to initiate credit entries to its bank account at the financial institution identified above. Additionally, this form provides the University of Wisconsin the authority to reverse (withdraw) any erroneous credits (deposits) to the account. The authority shall remain in effect until the University of Wisconsin receives written notification of revocation, and has a reasonable opportunity to act on it. *Only **Authorized** individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of the organization named in Section 1 and are lawfully able to initiate changes to banking information. **Fraudulent conveyances are punishable offenses.***

**I have attached a copy of a current voided check OR included a bank letter on bank letterhead, signed by a bank representative. Each must include the individual/company name, routing and account numbers.**

Supplier Signature

Date

Type Signature Name

### Campus Use Only:

Supplier ID: LOC:

### Out of band verification

By: Institution: Date:

Steps taken: