



## VENDOR DIRECT DEPOSIT AUTHORIZATION

### INSTRUCTIONS

- Use only BLUE or BLACK ink.
- Alterations must be initialed.
- Complete all sections as required
- Complete all appropriate box(es)

### TRANSACTION TYPE

<b>SECTION 1</b>	<input type="checkbox"/>	New setup	(Sections 2, 3, 4, 5, 6)	<input type="checkbox"/>	Change financial institution	(Sections 2, 3, 4, 5, 6)
	<input type="checkbox"/>	Add Email Notification	(Sections 2, 3, 4, 5, 6)	<input type="checkbox"/>	Change account number	(Sections 2, 3, 4, 5, 6)
	<input type="checkbox"/>	Cancellation	(Sections 2, 3, 7)	<input type="checkbox"/>	Change Email Notification	(Sections 2, 3, 4, 5, 6)

### PAYEE IDENTIFICATION

<b>SECTION 2</b>	1. Social Security number or Federal Employer's Identification (FEI)	2. Business phone number
	3. Name	4. Street Address
	5. City	6. State, Zip code

### AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

<b>SECTION 3</b>	7. I authorize The University of Texas Medical Branch at Galveston ("UTMB") to deposit by electronic transfer any and all payments owed to me by UTMB, in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.		
	I consent to and agree to be subject to and comply with the National Automated Clearing House Association Rules and Regulations pertaining to Originators and Receivers. I, the undersigned, represent and warrant that I am authorized to execute this document on behalf of the Payee.		
	8. Authorized signature	9. Printed name	10. Date

### FINANCIAL INSTITUTION

<b>SECTION 4</b>	11. Financial institution name	12. City	13. State
	14. Routing transit number	15. Customer account number	16. <input type="checkbox"/> checking <input type="checkbox"/> savings
	Representative signature (Optional)	Phone number	Date

### EMAIL NOTIFICATION

<b>SEC. 5</b>	17. Email address used to send payment information
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### REMITTANCE ADDRESS AS LISTED ON YOUR INVOICE

<b>SEC. 6</b>	18. Address	City	State	Zip Code
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### CANCELLATION

<b>SEC. 7</b>	19. Reason	20. Date
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