



UNIVERSITY OF LOUISIANA AT LAFAYETTE  
DIRECT DEPOSIT AUTHORIZATION FORM

Vendor ID/ULID \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

I authorize the University of Louisiana at Lafayette (UL Lafayette) to electronically deposit any vendor and/or employee reimbursement payments directly into my checking account or savings account as specified. UL Lafayette is also authorized to adjust any over/under deposit it has made to my account in error. I understand the deposits/adjustments will be made electronically by Automated Clearing House Network (ACH) transactions and must allow the Federal Reserve two workdays from the disbursement date to have the funds available to my financial institution. I also understand the following: (1) It is my responsibility to provide correct routing and account information for ACH transmissions **by attaching a voided check or a financial institution letter showing the account number and routing number.** (2) I will immediately notify UL Lafayette Administrative Services Department if my banking information changes. (3) I must submit a new authorization form to change my direct deposit. (4) I can stop my direct deposit by notifying UL Lafayette Administrative Services Department.

By signing below I signify that I have read and agree to all of the conditions listed above.

\_\_\_\_\_  
Authorized Signature                      Title                      Date