

Vendor Authorization Agreement for Direct Deposit


 Lincoln University
 820 Chestnut Street ❖ Jefferson City, MO 65101

I hereby authorize Lincoln University to initiate credit entries for product and services. This authorization is to remain in effect until Lincoln University Office of the Chief Financial Officer (CFO) has received written notification from an authorized agent of its termination; if eligibility requirements are not met; or if Lincoln University is legally obligated to withhold a portion of payment for any reason. If the direct deposit is not stopped before closing an account, funds payable will be returned to the University for distribution, creating a delay in payment.

Vendor Name (print)		Vendor Phone #	
Address	City	State	Zip Code
Email Address for Payment Notification		Date	

Primary Account (Required)

Bank or Financial Institution Name				
Address	City	State	Zip	Phone #
Bank Routing #	Account Number	Account Type (check one)		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

I, _____, am an authorized agent of _____. The information provided is accurate to the best of my knowledge and I am authorized to provide direct deposit authorization.

I may be contacted directly at: Phone: _____ Email: _____

Signature of Authorized Agent

❖ Affix a memo from your banking institution or direct deposit verification on company letter head or invoice to verify routing and account numbers.

- ❖ Complete form and send:
 - Lincoln University
820 Chestnut Street
Accounts Payable – 204 YH
Jefferson City, MO 65101
 - ap@lincolnu.edu
 - Fax to 573-681-5065

OFFICE USE ONLY:

New Authorization
 Change
 Cancel Authorization
 Vendor Number: _____