



Vendor Direct Deposit Agreement Form

Authorization Agreement

I hereby request and authorize Clarke University to deposit payments to the account provided below. In situations where a payment has been made in error, Clarke University is authorized to correct that error. This agreement will remain in effect until Clarke University receives a written notice of change or cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Office.

Vendor Information

Type of Authorization New Change Cancellation

Business Name _____ Tax ID# _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Email address for notification of payment* _____

*An email is required in order to receive notification of payment to your account.

Account Information

Name of Financial Institution _____

Routing Number (9 digits) _____

Account Number _____ Checking Savings

Signature

Authorized Signature (Primary) _____ Date _____

Authorized Signature (Joint) _____ Date _____

***Please return this form to: Clarke University, Attn: Accounts Payable, 1550 Clarke Drive, Dubuque, IA 52001
or by fax to 563-588-6789
or email to accountspayable@clarke.edu***

For Accounts Payable Office Use Only

Vendor # _____ Date Received _____ Date Input _____