



### 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 [julie.beck@clarke.edu](mailto:julie.beck@clarke.edu)***

#### For Accounts Payable Office Use Only

Vendor # \_\_\_\_\_ Date Received \_\_\_\_\_ Date Input \_\_\_\_\_