

**Vendor ACH / Direct Deposit Authorization Form – Accounts Payable
For Domestic Payments Only**

Request Type: Please Check One☐ NEW Direct Deposit☐ CHANGE Direct Deposit☐ CANCEL Direct Deposit**Vendor Information:**

Name or Business Name:		NSU Vendor ID:	
Address:	City:	State:	Zip Code:
Contact Person's Name:		Phone Number:	
Remittance e-mail address:		FEIN:	

Financial Institution Information:**NEW Banking Information:**

Bank Name: _____
 Address: _____
 Account Number: _____ Bank Routing # _____
 Account Type: ☐ Checking ☐ Saving

CURRENT Banking Information (required if changing information that is on file at NSU):

Bank Name: _____
 Address: _____
 Account Number: _____ Bank Routing # _____
 Account Type: ☐ Checking ☐ Saving

If changing bank information, please provide:

Reason for change: _____

Dollar amounts of the previous three (3) payments made to you by NSU:

\$ \$ \$

Required documentation (submit with this form):

- ☐ Updated W-9 form.
- ☐ Banking information. Attach one (1) of the following:
- Voided check
 - Reference Letter from Financial Institution with account and nine-digit routing/transit number (ABA).

Approvals / Authorizations – I certify that the information provided on this form is correct. I authorize Nova Southeastern University (NSU) to automatically deposit payments to the bank account referenced above. If funds are deposited to which I am not entitled, I authorize their electronic return or adjustment. It is my responsibility to notify NSU (aphelp@nova.edu), immediately, if there are any changes to this account. This authorization remains in effect until NSU receives a written cancellation or change from me or another authorized company representative and has had reasonable opportunity to act on it, which may take between seven (7) and ten (10) business days.

Additionally, by signing this form, I am confirming that the direct deposit is being made to a domestic financial institution and will not be part of a back-to-back transaction with a foreign institution.

Please sign, date, and return this form with the required documentation via email (aphelp@nova.edu), or mail to: Nova Southeastern University, Accounts Payable, 3300 S. University Drive. Ft. Lauderdale, FL 33328-2004.

Print Name: _____ Authorizing Signature: _____
 Date: _____ Title: _____