Return via mail or fax to:

University of West Georgia

Attn: Office of the Controller, Aycock Hall

1601 Maple Street Carrollton, GA 30118 Phone: 678.839.6390 Fax: 678.839.6391



Vendor Direct Deposit Authorization Form

OC	Not	Send	to	IRS

Vendor's Legal Name:

Direct Deposit Set

 Direct deposit is optional for UWG vendors but recommended for faster and more secure payment. 								
 Provide the information below to s 								
International Non-US Citizens and/or Non-Permanent Resident Aliens providing products and/or services to UWG are not eligible for direct deposit payment.								
Direct Deposit Action	Decline direct	deposit and prefer pa	ayment by check	Account Type (check only one):				
Requested (check only one):	Start	Change	•	Individual				
,,,,,,,,	Stop	Name Char	nge Only					
			J ,		Business			
Vendor's Accounts Receivable / Vendor's Acco				Receivable /				
Automated Clearing House (ACH)			Automated Clearing House (ACH)					
Contact Name:			Contact Email:					
Financial Institution Name: Financial			Financial Institution	ncial Institution Phone No:				
Davidia a Normala are			This is the nine digit	mumbar that idontifia	very finencial in stitution			
Routing Number:					s your financial institution.			
			It is located in the lower left-hand corner of your checks. Your account number is found in the bottom of your checks, typically immediately					
Account Number:			following the nine-di		orn or your checks, typically immediately			
			Tollowing the fille-dig	git routing number.				
Re-enter Account Number:			Please check with w	our financial institution	a if you do not know your routing and/or			
Re-enter Account Number.			Please check with your financial institution if you do not know your routing and/or account numbers.					
		Direct De	posit Authorization					
Direct Deposit Agreement:								
I hereby authorize the University of West Georgia (UWG) to make a direct deposit by electronic funds transfer for all invoice payments to my account at the								
				•	ed to my account in error, I hereby			
					s have been drawn from that account so			
1		•	. •		ous deposits to UWG. I further agree that			
					prney's fees incurred by UWG in the			
					t of failure to repay any amounts I owe to			
UWG, I hereby authorize UWG to recover such amounts by deducting them from any future payments from UWG until the amounts owed are recovered in full.								
I understand that this authorization is to remain in effect until UWG has received written notification from me of its termination in such time and manner as to								
afford UWG, and the financial institution named below, a reasonable opportunity to act upon it, provided, however, that after termination, I shall remain liable								
for any amounts owed to UWG.								
locatify the till one put having at a size on he half of my company and my signature helps, signature at the damps and a size of the damps and a size								
I certify that I am authorized to sign on behalf of my company and my signature below signifies acceptance of the terms and conditions the direct deposit agreement above.								
agreement above.								
Signature of Vendor or Author	rized US Agent for Ve	ndor:						
Name of Vanday or Authority	LIC Amout for V				Deter			
Name of Vendor or Authorized	JUS Agent for Vendo	r:			Date:			