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**	**Do Not Send to IRS** **Vendor's Legal Name:**

Direct Deposit Setup

- Direct deposit is optional for UWG vendors but recommended for faster and more secure payment.
- Provide the information below to start, change, or stop direct deposit by electronic funds transfer for all invoice payments to you by UWG.
- 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 Requested (*check only one):* ◯ Decline direct deposit and prefer payment by check ◯ Start ◯ Change ◯ Stop ◯ Name Change Only	**Account Type** (*check only one):* ◯ Individual ◯ Business

Vendor's Accounts Receivable / Automated Clearing House (ACH) Contact Name:	**Vendor's Accounts Receivable / Automated Clearing House (ACH) Contact Email:**

Financial Institution Name:		**Financial Institution Phone No:**	
Routing Number:		*This is the nine-digit number that identifies your financial institution. It is located in the lower left-hand corner of your checks.*	
Account Number:		*Your account number is found in the bottom of your checks, typically immediately following the nine-digit routing number.*	
Re-enter Account Number:		*Please check with your financial institution if you do not know your routing and/or account numbers.*	

Direct Deposit 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 financial institution listed above. In the event that UWG notifies the financial institution that funds have been deposited to my account in error, I hereby authorize and direct the financial institution to return said funds to UWG as soon as possible. In the event such funds have been drawn from that account so that return of those funds by the financial institution to UWG is not possible, I agree to immediately repay any erroneous deposits to UWG. I further agree that if I do not immediately repay an erroneous deposit, I will be liable for all costs of collection, including reasonable attorney's fees incurred by UWG in the collection of such erroneous deposit, together with the maximum interest permitted by law. Furthermore, in the event 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.

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.

Signature of Vendor or Authorized US Agent for Vendor:

Name of Vendor or Authorized US Agent for Vendor:	**Date:**