



Purchasing and Travel Services **AUTHORIZATION AGREEMENT**
For Automatic Deposit to UC Vendors

Contact Us: supplier@ucmail.uc.edu

Administration and Finance
Purchasing and Travel Services
University of Cincinnati
PO Box 210089
Cincinnati, OH 45221-0089

Members of registered student organizations should email their completed form to the Center for Student Involvement at ucinvolvement@uc.edu

SECTION 1: CONTACT INFORMATION

TAX IDENTIFICATION NUMBER (TIN)
OR SOCIAL SECURITY NUMBER (SSN)

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Please note: We are required to obtain your Tax Identification Number pursuant to Section 6109 of the Internal Revenue Code so that we can report if involves reportable income paid to you to the IRS as required by law. **Note: TIN for company and SSN for individuals**

NAME OF COMPANY OR INDIVIDUAL

STREET

SUITE/ROOM #

CITY

STATE

ZIP CODE

PHONE

EMAIL ADDRESS

UNIVERSITY'S CONTACT NAME

TYPE OF TRANSACTION

SELECT TYPE OF BUSINESS WITH THE UNIVERSITY

Add

Purchase Order Related

Honorarium/Scholarship

Change/Update

Independent Contractor

Other

Inactivate

Expense Reimbursement

SECTION 2: NEW BANKING/ADD

SECTION 3: PRIOR BANKING FOR CHANGES/UPDATES

BANK VERIFICATION MUST BE ATTACHED

MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT

NEW FINANCIAL

PRIOR FINANCIAL

INSTITUTION NAME

INSTITUTION NAME

ACCOUNT TYPE

CHECKING

SAVINGS

ACCOUNT TYPE

CHECKING

SAVINGS

NEW ACCOUNT NUMBER

PRIOR ACCOUNT NUMBER

Account Number supplied must match attached bank verification

Account Number supplied must match previous Account Number on file

NEW TRANSIT ROUTING/ABA NUMBER

PRIOR TRANSIT ROUTING/ABA NUMBER

SECTION 4: READ THE AGREEMENT, SIGN & DATE

- I (we) acknowledge that any account changes must be reported to supplier@ucmail.uc.edu thirty (30) days prior to the effective date and that this authority will remain in effect until I (we) notify in writing that I (we) wish to revoke this authorization.
- I (we) hereby authorize the University of Cincinnati to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.
- I (we) hereby authorize the University of Cincinnati to verify the validity of the account information provided.

**By signing below, I (we) acknowledge receipt of, and agree to the terms described herein.
I (we) have attached a W9, voided check and /or bank letter verification supporting this form**

SIGN YOUR NAME HERE

PRINT YOUR NAME HERE

DATE