

Vendor Direct Deposit • Electronic Funds Transfer (EFT) Agreement



Instructions: Fill out this form, print and sign. Return in one of three ways:

1. Fax to (940) 898-3519
2. Scan and email as an attachment to TWUVendor@twu.edu
3. Mail to TWU, Office of the Controller, P.O. Box 425439, Denton, TX 76204-5439

TRANSACTION TYPE

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> New Setup | <input type="checkbox"/> Change Financial Institution |
| <input type="checkbox"/> Cancellation | <input type="checkbox"/> Change Account Number |
| | <input type="checkbox"/> Change Account Type |

PAYEE INFORMATION

Social Security # or Federal Tax Identification # Vendor Name Business Phone

Remit Address City State Zip Code

FINANCIAL INSTITUTION INFORMATION

Name City State

Routing Transit Number Account Number Checking Savings
Account Type

AUTHORIZATION

I hereby authorize the Controller of Texas Woman's University (TWU) to directly deposit payments to the financial institution and account listed above. I further understand that TWU will reverse any payments made to my account in error.

Authorized Signature

Date

Printed Name and Title

CANCELLATION

I hereby cancel the authorization for TWU to directly deposit payments to the financial institution and account listed above.

Authorized Signature

Date

Printed Name and Title