

# 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](mailto: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