

**Payee / Company Name**

**ACH / Direct Deposit Authorization Agreement**

**Contact Person Name Phone**

**Current Payment Address**

**City State Zip**

**Email notification address**

**Checking Account Number Bank Routing Number**

I hereby authorize Creighton University to initiate credit entries and to initiate, if necessary, debit entries to adjust for any credit entries made in error to the checking account indicated above. I also authorize the depositories named above to credit and/or debit the same to such account. I understand that it is my responsibility to verify deposits before writing checks against these funds and that Creighton University is not responsible for bank errors or bank fees.

This authority is to remain in full effect until Creighton University has received written notification from me of its termination in such time and manner as to afford a reasonable opportunity to act on it, or until I have been notified of Creighton University’s or the financial institution’s termination of this agreement.

I understand that a new authorization agreement must be completed when changing or closing the account or changing financial institutions. If any action taken by me results in non- acceptance of the electronic funds transfer by my financial institution, I understand Creighton assumes no responsibility for processing replacement payment until the funds are returned to the University by my financial institution.

By this authorization agreement, you are agreeing to be bound by and abide by these terms.

**Authorized Signature Date**

**NOTE: A voided check which bears the bank routing number and account number should be attached with the submission of this authorization agreement. If company policy prevents sending a voided check, this form must be notarized; or request your bank to forward a letter with the account name, bank routing number, and account number.**

Please return this form along with a voided check (see **NOTE** above) to:

**Kelly Sand**

**Business Service Center**

2500 California Plaza

Omaha, Nebraska 68178-0401

**BSC Use** Vendor #:

Completed by: Date:

Phone: 402-280-2920

Rev12/14