

Hampton University

Purchasing Department
Hampton, VA 23668-0001
Phone (757) 727-5477
Fax (757) 727-5478
e-mail purchasing@hamptonu.edu

ACH AUTHORIZATION FORM

For HU use only

Vendor Number:

Reviewed and Approved:

Date:

Vendor ACH / Direct Deposit Authorization Form**1. Please Check One:**

- ☐ NEW Direct Deposit
☐ CHANGE Direct Deposit
☐ CANCEL Direct Deposit

2. Vendor / Payee Information:

Name: _____

Address: _____

Authorized Contact's Name: _____

Telephone Number: _____

Email Address: _____

3. Financial Institution Information:

Bank Name: _____

Bank Address: _____

Name on Bank Account: _____

Bank Account Number: _____

Bank Routing Number: _____

Type of Account: ☐ Checking Account ☐ Savings Account

4. Approvals / Authorizations: I certify that the information provided on this form is correct, and I hereby authorize Hampton University ("HU") to electronically deposit payments to the bank account designated above (and, if necessary, electronically withdraw funds from the bank account designated above to correct erroneous deposits). I understand and acknowledge it is my responsibility to notify HU's Purchasing Department (purchasing@hamptonu.edu) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. Failure to notify HU's Purchasing Department within thirty (30) days of payment will result in the forfeiture of any additional amounts owed. I further understand that I must notify HU's Purchasing Department in writing immediately of any changes in the status of or the banking information related to the bank account designated above. I understand HU is not responsible for delays in payments due to a failure to notify HU's Purchasing Department of updates with respect to the bank account designated above. This authorization will remain in full force and effect until HU's Purchasing Department has received a written change or cancellation form and has had a reasonable opportunity to process such request (change and cancellation requests are generally processed within seven (7) to ten (10) business days).

Print Name: _____

Signature: _____ Date: _____