

North Dakota University System

Procurement & Payment Services

ACH Direct Deposit Authorization Agreement

The North Dakota University System (NDUS), under the direction of System Information Technology Services (SITS), provides technology support for the 11 colleges and universities in the NDUS. **This form is for use by any vendor, employee, student, or non-employee for ACCOUNTS PAYABLE payments.** The colleges and universities included in NDUS are Bismarck State College, Dakota College at Bottineau, Dickinson State University, Lake Region State College, Mayville State University, Minot State University, North Dakota State College of Science, North Dakota State University, University of North Dakota, Valley City State University, and Williston State College.

I authorize NDUS and its institutions and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account.

This form is used for **Accounts Payable** payments or reimbursements to Vendors and Employees/Students/Non-employees.

NEW

CHANGE

PLEASE DELETE DIRECT DEPOSIT

Name or Company Name (Last, First, MI): _____	
Address - Home (individual) or Remit (vendor) address	
Address: _____	City, State: _____ Zip: _____
Last 4 digits of Social Security Number or Tax Identification Number (TIN#): _____	Phone Number: _____
Vendor Number (if known): _____	
Contact Email: _____	Contact Phone # for Vendors: _____
_____ Authorized Signature - use the Adobe electronic signature or print, sign, and scan	
_____ Date	

Banking Information:

Old Account Information (required if CHANGE or DELETE is selected)	New Account Information
Financial Institution Name: _____	Financial Institution Name: _____
Address: _____	Address: _____
City, State: _____ Zip: _____	City, State: _____ Zip: _____
Routing Number: (9 digits; lower left-hand side of check)	Routing Number: (9 digits; lower left-hand side of check)
Account Number:	Account Number:
Account type (MUST check one) <input type="radio"/> Checking <input type="radio"/> Savings	Account type (MUST check one) <input type="radio"/> Checking <input type="radio"/> Savings
Is this Account (MUST check one) <input type="radio"/> Personal <input type="radio"/> Business	Is this Account (MUST check one) <input type="radio"/> Personal <input type="radio"/> Business

At least ten banking days are needed between the receipt of this form and the effective payment date for this authorization. A new authorization must be completed if you change your account, close your account, or change financial institutions. Should you wish to discontinue this service, you will need to also submit this form.