



AUTHORIZATION FOR SUPPLIER DIRECT DEPOSIT

Supplier Name as listed on W-9: _____

Supplier TIN: _____

Direct Deposit Information:

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account: (check one) Checking Savings

Contact person (**required**): _____ Phone #: _____

Remittance Email address (**required**): _____

Additional contact person (**required**): _____ Phone #: _____

There are processing requirements for electronic supplier payments that are being sent to a financial institution outside of the United States. If our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country, you must let us know by answering the following questions.

Will payments to your company be forwarded dollar for dollar through a foreign financial institution? Yes No

If yes, please indicate the name and phone number of the person within your company with whom we can speak.

Name of Contact Person

Contact Phone #

Authorization Statement

I hereby authorize UA Little Rock to initiate credit entries for direct deposit and to initiate, if necessary, debit entries to adjust for any credit entries made in error to the account below. This authority is to remain in full effect until UA Little Rock has received notification from me of its termination in such time and manner as to afford a reasonable opportunity to act on it or until UA Little Rock chooses to terminate this arrangement. Payments are made by ACH with a CTX format.

Supplier Representative Signature

Date

Complete this form and submit it with a copy of a voided check to Procurement Services.
If you have any questions, please contact Procurement Services at procurement@ualr.edu or 501-916-3144.