



Vendor ACH Direct Deposit Authorization Form

Company (or individual) Legal Name **(please print)**: _____

Address: _____

City, State, Zip Code: _____

Name of Financial Institution _____

Branch Phone Number (optional) _____

Bank Routing #: _____

Account #: _____

Email Address (for deposit notification) _____

The company named above ("Company") hereby authorizes and requests Snow College to make electronic payments to the financial institution named in this form. Company authorizes Snow College to retract or correct any amounts deposited into Company's account in error. Snow College will notify Company prior to any retraction or corrections of deposited amounts. Company will reimburse Snow College in full upon demand any incorrect deposits into Company's account, which are not recovered by Snow College. In the event Company changes its banking instructions or closes the account, Company agrees to notify Snow College immediately. Company understands that the actual deposit of the funds to Company's account will be the responsibility of the financial institution.

Name & Title of Authorized Signer **(please print)** _____

Authorizing Signature _____ Date _____

Accounts Receivable Contact: _____

Accounts Receivable Phone #: _____ Fax #: _____

If available, please attach a **VOIDED** check for bank verification

Mail To: Snow College Richfield
Attn: Accounts Payable
800 West 200 South
Richfield, UT 84701

OR

Fax To: 435-896-4317

For Office Use Only
Banner # _____
Date: _____
Entered By: _____