



Please review the instructions on page 2 prior to completing this form.

SECTION 1: CONTACT INFORMATION

TAX IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)

Grid of 9 boxes for TIN or SSN

Please note: Section 6109 of the IRC of 1986 requires any person who makes a return, statement, or other document under the tax law to include an identifying number. This section also requires any income tax return preparer to include their identifying number on any return or claim for refund prepared. The purpose of this section is to secure proper identification of the persons involved in tax matters. Note: TIN for company and SSN for individuals

NAME OF COMPANY OR INDIVIDUAL

Text box for company or individual name

NAME

Text box for name

ADDRESS

Text boxes for street, suite/room #, city, state, and zip code

PHONE

Text box for phone number

EMAIL ADDRESS

Text box for email address

TYPE OF TRANSACTION:

Checkboxes for Add, Change/Update, and Inactivate

SECTION 2: NEW BANKING INFORMATION

BANK VERIFICATION MUST BE ATTACHED

NEW FINANCIAL INSTITUTION NAME

Text box for new financial institution name

ACCOUNT TYPE

Checkboxes for checking and savings

NEW ACCOUNT NUMBER

Text box for new account number

NEW TRANSIT ROUTING/ABA NUMBER

Account Number supplied must match attached bank verification

SECTION 3: PRIOR BANKING INFORMATION

MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT

PRIOR FINANCIAL INSTITUTION NAME

Text box for prior financial institution name

ACCOUNT TYPE

Checkboxes for checking and savings

PRIOR ACCOUNT NUMBER

Text box for prior account number

PRIOR TRANSIT ROUTING/ABA NUMBER

Account Number supplied must match previous Account Number on file

SECTION 4: READ THE AGREEMENT, SIGN & DATE

- Account changes must be reported to UC's Accounts Payable Department thirty (30) days prior to the effective date.
The entity listed hereby authorizes the University of Cincinnati to initiate credit entries to its account in the financial institution identified and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account. This authority is to remain in effect until revoked by us in writing to UC's Accounts Payable Department.

I have attached a copy of current voided check or included a bank letter on bank letterhead signed by a bank representative. I have Printed and signed the form.

Text box for signature

SIGN YOUR NAME HERE

Text box for printed name

PRINT YOUR NAME HERE

Text box for date

DATE

Text box for UC department/unit contact name

UC DEPARTMENT/UNIT CONTACT NAME

Text box for reason for the request for direct deposit

REASON FOR THE REQUEST FOR DIRECT DEPOSIT

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF UNIVERSITY OF CINCINNATI PAYMENTS

SECTION 1

- Enter your Tax Identification Number (TIN) if you are a company or your Social Security Number (SSN) if you are an individual (required).
- Place a check mark to indicate the type of transaction.
- Enter the complete name and address of the company or individual participating in the EFT program.
- Enter your phone number & email address. When your email address is provided, you will receive an automated email notification when your banking information has been added or updated in our system.

SECTION 2 (New Information)

- Please enter the name of the new financial institution authorized to conduct transactions, as it should be listed in our system.
- Please place a check mark to indicate the type of account in which funds are to be deposited.
- Enter the full Account Number where funds are to be deposited.
- Enter the financial institution's full nine-digit Transit Routing/ABA number in the spaces provided.

SECTION 3 (Prior Information) Required if a CHANGE/UPDATE

- Please enter the name of the previous financial institution authorized to conduct your transaction. This should be the most recent bank account information that was submitted to UC and is currently in our system.
- Enter the complete Account Number at your previous institution where EFT funds were deposited.
- Enter the complete nine-digit Transit Routing/ABA number for your previous institution in the spaces provided.

SECTION 4

- Please read all the information listed in Section 4.
- Check the boxes to verify you have acknowledged the information.
- Sign your name; print your name and date.
- Please attach a current voided check or bank letter signed by a bank representative (required). (NOTE: The bank letter must be on bank letterhead and signed by a bank representative. It must include the name on the account, type of account, routing number, and account number.)
- **Send Both the signed authorization form and voided check or bank letter to Accounts Payable**

SECTION 4

**ACCOUNTS PAYABLE
UNIVERSITY OF CINCINNATI
CONTACT INFORMATION**

Description	Send via encrypt or password protected		Phone
Companies (PO Related)	Email directly to Amber Simkins	simkina@ucmail.uc.edu	(513) 556-6772
Individuals (Non-PO Related)	Email form directly	aptandeteam@ucmail.uc.edu	(513) 556-6746

- To submit the Direct Deposit Banking Form by mail via USPS:
University of Cincinnati
Accounts Payable
PO Box 210333
Cincinnati, OH 45221-0333
- For more Vendor Form Direct Deposit information visit the [Accounts Payable](#) website.