AUBURN UNIVERSITY

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF VENDOR CHECKS

/endor Name		
Contact Person Name		Phone
Current Payment Address		
City	State	Zip
Checking Account Number	Bank Routing Number	
I hereby authorize Auburn University to ini- entries to adjust for any credit entries mad- also authorize the depositories named about I understand that it is my responsibility to funds and that Auburn University is not re-	de in error to the ch ove to credit and/or verify deposits befo	ecking account indicated above. r debit the same to such account. ore writing checks against these
This authority is to remain in full effect unt from me of its termination in such time and on it, or until I have been notified of Aubur of this agreement.	d manner as to affo	ord a reasonable opportunity to ac
understand that a new authorization agre the account or changing financial institution acceptance of the electronic funds transfe University assumes no responsibility for pereturned to the University by my financial in	ons. If any action ter by my financial in rocessing replacem	aken by me results in non- estitution, I understand Auburn
By this authorization agreement, you are a Conditions of Use in effect at the time of a modifications to the Terms & Conditions of modification unless otherwise stated. You any modification signifies your acceptance the Site to review the current Terms and Conditions.	application and as roughlication and as roughlication are effective or continued use of the office of such modification.	modified in the future. Any immediately upon posting the the Site following the posting of
Authorized Signature		 Date

Please return this form along with a voided check (see **NOTE** above) to: **Procurement & Payment Services - 311 Ingram Hall - Auburn University, AL 36849**For more information, call 334-844-7771

must be notarized.