

A/P
Direct Deposit
Application form



OFFICE USE ONLY
Prenote: _____
Active: _____

Employee/Student
ID# _____

Name _____

Type of Request: **New** **Change** **Discontinue**

Please deposit the all accounts payable disbursements by direct deposit into the following account:

Financial Institution _____ Branch _____

ABA# _____ - _____ - _____

Account # _____

Type of Account: Checking Savings

I hereby authorize Biola University to initiate deposits (credits) and/or corrections to the financial institution(s) as indicated above. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in effect until revoked by me or Biola University.

Signature _____ Date _____

Please Note: 1. For deposits to a checking or sharedraft account, please attach a voided check.
2. Automatic deposits have proven to be reliable after the initial set up. Please notify the Disbursements Clerk in accounting at extension 5071 if you close this account.

Please submit this completed form along with requested documents to the Disbursements Clerk in Accounting to initiate Direct Deposit of Accounts Payable disbursements.