Direct Deposit Authorization for Reimbursements

SEWANEE
THE UNIVERSITY OF THE SOUTH

Please Print Clearly		
Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	

Bank Information
Bank Name:
Routing Number:
Checking Account Number:
Savings Account Number:

I authorize The University of the South to initiate automatic deposits to my account at the financial institution named above. This agreement will remain in effect until we receive written notification of cancellation or until a new direct deposit form is submitted to Accounts Payable.

_____ _____

Signature Date

Return this completed form to Accounts Payable located on the second floor of the Financial Services Building or email to apinvoices@sewanee.edu