



Accounts Payable Direct Deposit Authorization/Cancellation Form

This authorizes Dixie State College (DSC) and its accounts payable staff to directly deposit my accounts payable payment to the account indicated below **or** cancel any direct deposit authorization if so indicated. **This form supersedes and voids any prior direct deposit authorization/cancellation forms.**

- Enroll me in direct deposit
- Change my current direct deposit information
- Cancel direct deposits into my account(s)

FINANCIAL INSTITUTION INFORMATION

ACCOUNT TYPE (Check one)	<input type="radio"/> Checking	<input type="radio"/> Savings
NAME OF INSTITUTION	_____	
ROUTING NUMBER	_ _ _ _ _	
Your financial institution routing number can be found on your check, it is the first nine digits in the lower left hand corner of your check. It is followed by your institution account number and check number.		
ACCOUNT NUMBER	_____	

This authorization/cancellation will be in effect beginning on the *effective date* below, and will remain in effect until the accounts payable staff receives a new signed authorization/cancellation form. Please allow up to two weeks for setup. I understand that **I am responsible for the accuracy of the information** on this authorization/cancellation form, and if the information is incorrect, it may result in a delay in my receipt of payment.

_____	_____
DIXIE ID NUMBER	EFFECTIVE DATE
_____	_____
EMAIL ADDRESS	PRINTED NAME
_____	_____
DATE SIGNED	SIGNATURE

Internal Use Only:		
Address Type: _____	Seq: _____	Updated in Banner by: _____ Date: _____

<p><i>*Attach a voided check --OR-- a savings deposit slip here *</i></p> <p><i>(Do not attach a deposit slip for a checking account; it does not contain the right coding.)</i></p>
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