



ACH / Direct Deposit Authorization Agreement

Payee / Company Name _____

Contact Person Name _____ Phone _____

Current Payment Address _____

City _____ State _____ Zip _____

Email notification address _____

Checking Account Number _____ Bank Routing Number _____

I hereby authorize Creighton University to initiate credit entries and to initiate, if necessary, debit entries to adjust for any credit entries made in error to the checking account indicated above. I also authorize the depositories named above to credit and/or debit the same to such account. I understand that it is my responsibility to verify deposits before writing checks against these funds and that Creighton University is not responsible for bank errors or bank fees.

This authority is to remain in full effect until Creighton University has received written notification from me of its termination in such time and manner as to afford a reasonable opportunity to act on it, or until I have been notified of Creighton University's or the financial institution's termination of this agreement.

I understand that a new authorization agreement must be completed when changing or closing the account or changing financial institutions. If any action taken by me results in non- acceptance of the electronic funds transfer by my financial institution, I understand Creighton assumes no responsibility for processing replacement payment until the funds are returned to the University by my financial institution.

By this authorization agreement, you are agreeing to be bound by and abide by these terms.

Authorized Signature Date

NOTE: A voided check which bears the bank routing number and account number should be attached with the submission of this authorization agreement. If company policy prevents sending a voided check, this form must be notarized.

Please return this form along with a voided check (see **NOTE** above) to:

Kelley Klahn Controller's Office 2500 California Plaza Omaha, Nebraska 68178-0401
<http://www.creighton.edu/Controllers/> phone: 402.280.2190

AP Use Vendor #: _____
Completed by: _____ Date: _____