

## **Accounts Payable Direct Deposit Authorization**

Please complete the following information to participate in direct deposit of your payments issued from Accounts Payable:

Print Name		Rhodes ID (R#)	
	- \ <del>\\\</del>		
Signature		Date	
		on that is currently used for payroll direct deposits.  Ition changes, I understand that I must also contact the Accounts Payable.	
	Please enroll the following account for accounts payable direct deposits:		
	(5 additional banking days may be necessar	ry for processing new account information.)	
	Name on Account		
	Bank Name		
	ABA/Routing Number		
	Account Number		
	<b>□</b> Bank Name	Check Number	
	Your Name Your Address Your City, State Zip	#1-6076/1264 1234   1234   1247/1264   1256/1264   125	
	Your Bank Name Bank City, State	COCKARIS (B. IIII.)	

• Requests for payment should be submitted with all supporting documentation and necessary approvals to the Accounting Office by 5pm Wednesday for a direct deposit to be issued via Automated Clearing House (ACH) the following Friday. **Depending on your financial institution, the funds should be available for use within 2 banking days.** 

9 Digit Routing Number Your Account Number

- With this direct deposit election, all future payments will be disbursed via ACH unless a check is specifically requested.
- Questions regarding payments and direct deposit transactions should be directed to the **Finance Office** at x3760.