



For help completing this form, call Accounts Payable (801) 538-3110 or (801) 538-3112

## Direct Deposit Authorization Form for Electronic Funds Transfers (EFT) for Vendors

### Payee Information

|                                |             |            |          |
|--------------------------------|-------------|------------|----------|
| Name of Business or Individual | Vendor Code | SSN or EIN |          |
| Street Address                 | City        | State      | Zip Code |

Provide financial institution and account information on this form. Attach a voided check (or other documentation from your bank showing your name and account number) and sign the Authorization for Setup below.

### Financial Institution

|                                   |                |                 |          |
|-----------------------------------|----------------|-----------------|----------|
| Financial Institution Name        | City           | State           | Zip Code |
| Routing Transit Number (9 DIGITS) | Account Number | Type of Account |          |
|                                   |                | Checking        | Savings  |

### Authorization for Setup

I hereby authorize the State of Utah ("the State") to initiate credit entries to the account number listed above ("this account"). I further authorize the State to correct credit entries made in error to this account. I agree that this AUTHORIZATION FOR SETUP is to remain in full force and effect until the State has received written notification from me of its termination, in such time and manner as to afford the State and the Financial Institution a reasonable opportunity to act upon my notification. I recognize that if I fail to provide complete or accurate information on the above DIRECT DEPOSIT AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFERS (EFT) FOR VENDORS ("this form"), the processing of this form may be delayed and/or my payments may be erroneously transferred. In the event that funds are erroneously transferred due to my failure to provide complete or accurate information on this form, I hereby hold the State harmless for the recovery of such erroneous transfers, notwithstanding any reasonable attempts made by the State to correct such errors.

**I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.**

|                               |   |   |
|-------------------------------|---|---|
| _____<br>Authorized Signature | _____<br>Printed Name                             | _____<br>Title                            |
| _____<br>Date<br>(mm/dd/yyyy) | _____<br>Email Address<br>(for remittance advice) | _____<br>Telephone Number<br>(xxxxxxxxxx) |
|                               |   | _____<br>Fax Number<br>(xxxxxxxxxx)       |

**Return to:**  
 Accounts Payable  
 Division of Finance  
 2110 State Office Building  
 Salt Lake City, UT 84114