



Authorization for Electronic Deposit of Vendor Payment

Business Services
Youngberg Hall
2385 Irving Hill Rd
Lawrence, KS 66045-7563
Telephone: 785-864-3441
Fax: 785-864-5025
www.kucr.ku.edu

(Please print or type all information)

Section A: Payee Information (Your Name)

Payee Name _____

Street _____
City _____ State _____ Zip _____
Telephone # () - E-mail _____

1. Complete Section B for new enrollments or for financial institution or account changes. This enrollment only applies to payments from the University of Kansas Center for Research, Inc. (KUCR)
2. Complete Section C to cancel electronic deposit authorization.
3. Return completed form to KUCR, Business Services, 2385 Irving Hill Road, Lawrence, KS 66045-7563

Section B: Enrollment or Change Authorization

Select One: New Enrollment Financial Institution or Account Change

Bank Name _____
Branch (if applicable) _____
City _____ State _____ Zip _____
Transit/Routing No. _____ Account No. _____

Account Type (select one): Checking Account (Attach Void Check) Savings Account (Attach Deposit Slip)

I, the undersigned, authorize the University of Kansas Center for Research, Inc. to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the University of Kansas Center for Research, Inc. receives written notice of cancellation from me. This authorization only applies to transactions from the University of Kansas Center for Research, Inc. (KUCR).

Are you a: *U.S. Citizen?* Yes No *University of Kansas/State of Kansas Employee?* Yes No

Signature _____ Date _____
Name (Printed) _____

Section C: Cancellation

I, the undersigned, hereby cancel the authorization for the University of Kansas Center for Research, Inc. to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the University of Kansas Center for Research, Inc. has reasonable opportunity to act upon it.

Signature _____ Date _____
Name (Printed) _____

KUCR Office Use Only

| | | |
|----------------|-------------------------------------|-------------------------------------|
| Vendor # _____ | <input type="checkbox"/> Individual | <input type="checkbox"/> Bank Setup |
| | <input type="checkbox"/> Business | <input type="checkbox"/> Audit |