Direct Deposit Authorization

Company/Vendor/Coop Teacher/Student Name _____

I hereby authorize Slippery Rock University to ___ ____ remittance of reimbursement due to the Financial Institution shown below. You may designate any bank, savings and loan association, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfer. Accounts Payable will notify you if the institution you've selected does not qualify. **This form is not used for Financial Aid/Student Account refunds.**

I have an established account at the Financial Institution indicated below and authorize the Pennsylvania State System of Higher Education to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account(s) indicated below.

Name as it appears on the account (please print) _____

Bank/Financial Institution's Name _____

Transit Routing Number _____

Account Number _____

Remittance Information Email _____

Your Phone Number for Account Verification _____

Type of Account _____

Company/Vendor/Teacher/Student representative (signature) _____

Date _____

Contact accountspayable@sru.edu with any questions.
Please submit completed forms via document upload, fax or mail.
Fax: 724.738.4476
Mail: 104 Maltby Ave, Suite 002, Slippery Rock, Pa 16057

AP use:
Vendor Number _____
Account Added
Account Confirmed