



Slippery Rock University
Direct Deposit of Vendor Payment

Company/Vendor Name _____

I hereby authorize Slippery Rock University to **(circle one) Start / Change / Stop** 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 choose does not qualify.

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.

Financial Institution's Name _____

Transit Routing Number _____

Account Number _____

Remittance information e-mail _____

Type of Account- (Checking *or* Savings)

Company representative (printed name) _____

Company representative (signature) _____

Date _____

Submission options:

Accountspayable@sru.edu

Fax: 724.738.4476

Mail: 104 Maltby Ave, Suite 002, Slippery Rock, Pa 16057

AP use:

Vendor Number _____

Account added

Account confirmed