



For help completing this form, call Accounts Payable (801) 538-3490 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

### Option 1

Attach a voided check and sign the *Authorization for Setup* below. (A photocopy of a voided check will not be accepted). Do not attach a deposit slip since deposit slips do not contain sufficient information for processing.

### Option 2

Provide financial institution and account information on this form 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, not withstanding 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.**

_____ Authorized Signature	Printed Name	Title
Date <small>(mm/dd/yyyy)</small>	Email Address	Telephone Number <small>(xxxxxxxxxx)</small>
		Fax Number <small>(xxxxxxxxxx)</small>

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