

BAYLOR UNIVERSITY

REQUEST FOR DEPOSIT OF AMOUNTS PAID THROUGH THE ACCOUNTS PAYABLE SYSTEM

Employee Name: _____

ID Number: _____

Campus Address: _____

Please attach a personalized voided check.

If a check is unavailable, please provide the following information of the financial institution to which amounts owed to you will be deposited.

Financial Institution: _____

Address: _____

Account Number: _____ Routing Number: _____

_____ Checking _____ Savings

I hereby authorize Baylor University to deposit any amounts paid to me through the Accounts Payable System to the financial institution indicated above. This will be accomplished by the way of transfer through the Federal Reserve System. Only on special occasions will this be done by U.S. mail or courier.

*I understand that notification of payment will be provided to the following **email address**:*

It is my responsibility to contact the Accounts Payable Office should any changes be made to my account, or should I change banks.

Signature

Date

**Return completed form to:
Accounts Payable Office
Clifton Robinson Tower, 6th Floor
Suite 650**