

Business & Finance

Nashville State Community College
120 White Bridge Rd, PO Box 90285
Nashville, Tennessee 37209



VENDOR AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYMENTS

This Authorization is for:

- NEW Request CHANGE of account information CANCELLATION of a prior request

Vendor is responsible for notifying Nashville State Community College of any changes.

Vendor Name: _____
Federal Tax ID: _____
Remit-to Address: _____

City, State & Zip Code: _____
Contact Name: _____
Telephone Number: _____
E-mail Address (REQUIRED): _____
(Please Print - This is required for electronic notification of payment to your bank account.)

BANK INFORMATION

Name of Bank or Credit Union: _____
Address: _____

Bank or Credit Union Contact Name: _____
Account Number: _____
ACH Routing Number: _____
Mark only one (should match Bank or Credit Union information): Checking Savings

Please mark if you will accept electronic invoice payments
 We will **ACCEPT** electronic payments We will **NOT ACCEPT** electronic payments

Authorization Agreement and Signature

I hereby authorize and request Nashville State Community College to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named above. The electronic payment data remains in effect until changed or cancelled by written notification to Nashville State Community College.

I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform Nashville State Community College immediately.

**This testament is being made as required by the Federal Office of Foreign Asset Control in Support of U.S.C Title 50, War and National Defense.*

Authorized Signature: _____ Date: _____