



## Vendor ACH Direct Deposit Authorization Form

Office Use

S- \_\_\_\_\_

Company (or individual) Legal Name (**please print**)

\_\_\_\_\_

Salt Lake Community College and the financial institution shown on this form are authorized to deposit directly to the account noted on this form and, if necessary, adjust any SLCC deposit entries made in error. This authority will remain in effect until a new authorization form is submitted or this authorization is rescinded in writing.

Name of Financial Institution

\_\_\_\_\_

Branch Phone Number (optional)

\_\_\_\_\_

Bank Routing #:

Account #:

Email Address (to receive notification of deposit)

\_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title of Authorized Signer

\_\_\_\_\_

Please e-mail, mail, or fax this form to:

Salt Lake Community College  
Attn: Accounts Payable  
PO Box 30808  
Salt Lake City, UT 84130-0808

Fax #: 801-997-4770  
[ap.invoice@slcc.edu](mailto:ap.invoice@slcc.edu)