

**ACCOUNTS PAYABLE
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

Entered by: _____ Date: _____
(Accounts Payable use only)

Name: Last, First, Middle

Street Address (For mailing deposit advice)

City, State, Zip Code

I hereby authorize Miami University to initiate credit entries and, if necessary, debit entries for the adjustment of any credit entries in error to My **Checking**) **Savings** account (select one) at:

Bank Name _____

Branch _____

City _____

State _____

Transit/Routing Number _____

Acct# _____

EXAMPLE ONLY: Transit #: 042200910

Acct #: 0123456789

If an adjustment is necessary due to an error, the Accounts Payable Office will contact me regarding the necessary changes. Phone where I can be reached: _____

Date _____ Signature _____

(To ensure the correctness of the depository information, a voided check for a checking account or a deposit ticket for a savings account to this Authorization Form must be attached.)