



## DIRECT DEPOSIT / ACH CREDIT Authorization Form

ACH Direct Deposits are for individuals who are providing goods and/or services to the University, who live and/or bank in the US, and who will be receiving multiple payments.

### Please note:

- **The UO cannot set up ACHs for vendor/supplier companies.** The University does offer **JP Morgan SUA** for vendors.
- **The UO cannot set up ACHs to foreign banks.** If the vendor/supplier does not have a bank that is based in the United States, and they can no longer accept paper checks, the Vendor/Supplier will need to be paid via Wire Transfer
- **If the individual who is requesting ACH direct deposit has a new mailing/remittance address, an updated UO substitute W-9 is required.**
- **All UO students, staff members and employees are responsible for setting up and maintaining their ACH for direct deposits and addresses via DuckWeb.**

### Please complete and sign the ACH Credit Authorization Form and attach a voided check.

All forms must be signed with a **pen or a digital signature with authentication**. A digital signature is an electronic, encrypted, stamp of authentication on digital information such as email messages or electronic documents. A signature confirms that the information originated from the signer.

### Submit to:

- Submit all documents securely via **One Drive**, to [apbao@uoregon.edu](mailto:apbao@uoregon.edu)
- ACH can also be mailed or faxed to:

University of Oregon  
Accounts Payable  
PO Box 3237  
Eugene, OR 97403-0237  
Fax: (541)346-2393

**For security purposes, we are unable to accept ACH Credit Authorization forms, W-9 or W-8 forms by email as they contain sensitive and high-risk data.**

**All ACH Credit Authorizations received will be verified. We will contact you BEFORE activating your ACH Credit Authorization request AND prior to making any changes to your ACH Credit Authorization information. This process is part of the University's continuing efforts to avoid fraud and ensure the accuracy of our vendor records.**



### ACH CREDIT AUTHORIZATION

I, (print name), \_\_\_\_\_, a representative of  
(business legal name), \_\_\_\_\_, authorize the University  
of Oregon to initiate electronic credit entries for the purpose of making vendor payments to my bank account  
specified below, and if necessary, debit entries and adjustments for any credit entries in error to my account:

**Type of Bank Account:**

Checking account                      Savings account

Business Account (Check this box if the checking or savings account is setup at your bank as a business or commercial  
account)

**Banking Information:**

U.S. FINANCIAL INSTITUTION NAME (PLEASE PRINT) \_\_\_\_\_

U.S. BANK ROUTING # \_\_\_\_\_

BANK ACCOUNT # \_\_\_\_\_

FINANCIAL INSTITUTION CITY, STATE and POSTAL CODE \_\_\_\_\_

**Will this money ultimately be routed to a foreign bank account?**

Yes, this deposit will ultimately be routed to a bank outside the US (not common)

No, this deposit is going only to the bank I already designated above

**Remittance Information:**

I authorize the University of Oregon to send payment detail information to the following

Email Address(s): \_\_\_\_\_

**How to Revoke your Authorization:**

This authority will remain in effect until I have cancelled it in writing with notice delivered to the following address: University  
of Oregon, Accounts Payable PO Box 3237, Eugene, OR 97403-0237.

**CHANGES TO YOUR DIRECT DEPOSIT AUTHORIZATION:**

In order to warrant that payments the State originates through the ACH network comply with all US Laws, the State must rely  
upon the individual or organization to advise if this credit authorized by you is being sent to a Non US Financial Institution  
explicitly for the purpose of this payment. Any changes to your ACH Credit Authorization will require a new request for ACH Credit  
Authorization to be completed. To obtain a new form contact the University of Oregon Accounts Payable at  
[APBAO@UOREGON.EDU](mailto:APBAO@UOREGON.EDU) or call (541) 346-4235.

**I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Oregon and  
U.S. law.**

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

\*AUTHORIZED SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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**ATTACH VOIDED CHECK HERE**