



# YOUNGSTOWN STATE UNIVERSITY

1 Tressel Way, Youngstown, Ohio 44555

## Vendor Authorization for Direct Deposit

This form must be sent through the Secure Upload link: <https://ysd.ysu.edu/newvendor> or it cannot be processed.

Complete the following statement:

I (Name) \_\_\_\_\_ (Title) \_\_\_\_\_ authorize Youngstown State University to deposit payments due or to become due into the following account with the below named bank. It is my responsibility to notify Youngstown State University Procurement Services of any changes to said bank account in a timely manner.

<b>Vendor Information</b>	Vendor Name _____ Company Contact _____ Email Address (required) _____ Phone Contact _____ Email address required for notification when a direct deposit has occurred.
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<b>Action Requested</b>	Check One: <input type="radio"/> Enroll <input type="radio"/> Cancel <input type="radio"/> Change
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<b>Bank Information</b>	Check One: <input type="radio"/> Savings <input type="radio"/> Checking Bank Name _____ Bank Routing Number _____ Bank Account Number _____ Wires: Swift ID Number _____ IBAN Number _____
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Signature: (Required) _____	Date _____
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**Procurement Services Use Only:**

Banner ID # \_\_\_\_\_

Date Activated \_\_\_\_\_

By \_\_\_\_\_