SLIPPERY ROCK UNIVERSITY FOUNDATION, INC.
Serving Slippery Rock University Since 1970

Slippery Rock University Foundation, Inc.

Direct Deposit of Vendor Payment

Company/Vendor Name:

I hereby authorize Slippery Rock University Foundation, Inc. to **(check one)** ☐ **Start** / ☐ **Change** / ☐ **Stop** remittance of reimbursement due to the Financial Institution shown below. You may designate any bank, savings and loan association, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfer. Accounts Payable will notify you if the institution you choose does not qualify.

I have an established account at the Financial Institution indicated below, and authorize the Slippery Rock University Foundation, Inc. to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account(s) indicated below.

I have provided a copy of a voided check (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number. *

Financial Institution's Name:

Transit Routing Number:

Account Number:

Type of Account- (☐ Checking *or* ☐ Savings)

Address of Company/Vendor/Individual:

Contact phone number of Company/Vendor/ Individual:

Company representative (printed name):

Company representative (signature):

Company representative email:

Date:

Submission options:

Srufoundation.org/vendors
ap@srufoundation.org
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