

**University of the Incarnate Word  
Direct Deposit Authorization Form**

**Direct deposit:**

**Start** \_\_\_\_\_

**Change** \_\_\_\_\_

**Cancel** \_\_\_\_\_

**Please Initial**

**ACCOUNTS PAYABLE**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
(First/middle/last)

SCHOOL ID Number: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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**BANK INFORMATION**

Bank Name: \_\_\_\_\_  
We cannot process direct deposits to international bank accounts

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

**Please circle one:**      Checking account      Savings account

*A voided blank check **MUST be attached here.** The voided check must contain your name imprinted on it. Thus, it may not be a check from a starter set received upon opening a new checking account. If you do not have a blank check we will require a letter from your bank verifying your information. We cannot accept a deposit slip as proof of your bank information.*

**My signature indicates that I have read and understand the information below and agree to the terms.**

I hereby authorize the direct deposit of my funds from the University of the Incarnate Word in the account and financial institution indicated above. If the amounts deposited into my account are incorrect, I authorize UIW to direct my financial institution to return the funds. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, I agree that UIW may withhold any amounts owing to me until such is repaid. I promise to pay all attorney's fees and other reasonable collection cost and charges necessary for the collections of any amount not paid when due.

I understand that this authorization will remain in effect unless discontinued by my written request. It is my responsibility to advise the University of any changes I desire in this direct deposit authorization. It is my responsibility to maintain the designated account as open to prevent rejected or returned entries. It is also my responsibility to verify the availability of funds in my checking account before making any transactions. The University is not responsible for NSF fees.

**Signature** (required) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this completed form to the Accounts Payable Department. Fax copies will be accepted. The Accounts Payable Office is located in the basement of the AD building, room 82. The mailing address is:** University of the Incarnate Word, Accounts Payable CPO 287, 4301 Broadway, San Antonio, Texas 78209, Fax 210-829-3930.

**OFFICE USE ONLY**

**Entered by:** \_\_\_\_\_

**Date:** \_\_\_\_\_