



Direct Deposit/ACH Payment Enrollment Authorization

Check One:

Direct Deposit First Time Direct Deposit Change

VENDOR INFORMATION

SSN # or Taxpayer ID #: (TIN) _____

Name of Payee: _____

Address: _____

Accounts Receivable Contact (if other than payee) _____

Telephone Number: _____

Electronic Remittance Email: _____

Fax Number: _____

BANKING/FINANCIAL INSTITUTION INFORMATION

Depository Name: _____

Address: _____

Telephone Number: (_____) _____

9 Digit Routing Number: _____

Account Number: _____

Type of Account: CHECKING SAVINGS

I certify that the information provided on this form is correct. I authorize Jackson State Community College to direct payments to the financial institution designated above and to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all payments issued to the above-named payee by Jackson State Community College under the designated TIN or SSN until Jackson State Community College receives written notification from me/us of its termination in such time and manner as to afford all parties a reasonable opportunity to act on it.

SIGNATURE: _____ DATE: _____

***Please attach a voided check if applicable and return to:

Email: accounts_payable@jscc.edu

Fax: 731-425-9557

Mail to:

Jackson State Community College
Attn: Accounts Payable
2046 N Parkway
Jackson TN 38301

For JSCC office use only

Entered _____
Initials Date

Verified _____
Initials Date