

To set up direct deposit with the University of Rhode Island, please complete this form, enclose a copy of a voided check or savings deposit slip and mail to University of Rhode Island, Controller's Office 75 Lower College Road, Room 110, Kingston, RI 02881 or fax to (401) 874-2589. Questions call (401) 874-4422.

**Vendor/Company Information:**

Vendor Name:

Vendor Address:

Tax ID No:

Primary Contact:

Phone Number:

Email:

Notification of payment by: (select one)  mail  email  fax email or fax #

**Banking Information:**

Name & City of Receiving Bank:

Routing / Transit (ABA):

Account No:

Account Type: (select one)  Checking  Savings

**URI Vendor Authorization:**

We acknowledge that the origination of ACH transactions to my (our) account comply with the provisions of US law. I (We) hereby authorize URI to initiate credit entries to my (our) account.

Name & Title:

Authorized Signature: \_\_\_\_\_ Date:

Accounts Payable Use Only:

Vendor ID:	Entered on:	Entered By:	Verified by: