

# FLORIDA STATE COLLEGE AT JACKSONVILLE

## Authorization Agreement for Direct Deposits (ACH) for Vendor Payments

**Action:**  START  CHANGE  CANCEL

**Important:** To Start or Change ACH information, you must include a voided check or a bank confirmation letter along with this form

### PAYEE/AGENCY INFORMATION (Required)

Company/ Individual Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Street Address/ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*If your remittance address differs from your mailing address, please provide any additional addresses by attaching them to this form or emailing the information to [AccountsPayable@fscj.edu](mailto:AccountsPayable@fscj.edu).*

### Financial Information - Please Print

Account Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings Remittance Email: \_\_\_\_\_

### DIRECT DEPOSIT AUTHORIZATION AGREEMENT

This form authorizes Florida State College at Jacksonville (FSCJ) to initiate direct deposits of funds to the account and finance institution indicated above. I acknowledge that the origination of ACH (Automatic Clearing House) transactions to the account indicated above will comply with the provisions of US law. **I understand that:**

- It is my responsibility to provide correct bank routing/account numbers and to verify payments have been credited to my account. **Florida State College at Jacksonville assumes no liability for overdrafts for any reason.**
- It is my responsibility to provide accurate and updated contact information, including email addresses, phone numbers, and mailing addresses, in the event of any changes. Failure to do so may result in delays or complications with payment processing.
- In the event my financial institution is not able to deposit any transfer to my account, Florida State College at Jacksonville cannot issue the funds to me until said funds are returned by my financial institution.
- This authorization will override any previous authorization and will remain in effect until a) revoked by my written request; or b) notification is sent by my bank that the account number is no longer valid.
- The only notification to me of the ACH deposits will be by e-mail and it is my responsibility to provide an active e-mail address and to update this address as needed.

Print Name of Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Email:**  
[AccountsPayable@fscj.edu](mailto:AccountsPayable@fscj.edu)

**Mail:**  
Florida State College at Jacksonville  
Attn: Accounts Payable  
501 W. State Street, Room 306  
Jacksonville, FL 32202