



Complete this form to request non-payroll direct deposit payment to the domestic bank account specified below.  
This form may be used by suppliers, employees, or students to add, change or cancel direct deposit information.

|                                      |     |        |        |
|--------------------------------------|-----|--------|--------|
| Action Requested: <i>(check one)</i> | NEW | CHANGE | CANCEL |
|--------------------------------------|-----|--------|--------|

**Section 1: Supplier Identification**

|  |                                       |     |  |
|--|---------------------------------------|-----|--|
| Name   | Baylor ID #<br><i>(If applicable)</i> |     |  |
| Address  |                                       |     |  |
| City   | State                                 | Zip |  |
| Contact Person<br><i>(If other than payee)</i> | Phone                                 |     |  |
| Fed Tax ID or<br>SSN <i>(last 4 digists)</i>   |                                       |     |  |

**Section 2: Financial Institution Information**

|                                     |                       |         |                            |
|-------------------------------------|-----------------------|---------|----------------------------|
| Bank Name                           |                       |         |                            |
| Bank Address                        |                       |         |                            |
| Routing Number<br><i>(9 Digits)</i> | New Account<br>Number |         |                            |
| Account Type<br><i>(check one)</i>  | Checking              | Savings | Previous Account<br>Number |

**Section 3: Supplier Authorization**

*I hereby authorize Baylor University to deposit any amounts paid to me through the Accounts Payable System to the financial institution indicated above. This will be accomplished by the way of transfer through the Federal Reserve System. Only on special occasions will this be done by U.S. Mail or courier. It is my responsibility to contact the Accounts Payable Office should any changes be made to my account, or should I change banks.*

*I acknowledge electronic notification will be sent to email address listed for supplier payments.*

|                |              |
|----------------|--------------|
| New Email      |              |
| Previous Email |              |
| Signature      | Printed Name |
| Title          | Date         |

|   |  |
|---|--|
| <p><b>Return completed form:</b><br/>Baylor University Accounts Payable Office<br/>One Bear Place #97044 Waco, TX 76798-7044<br/><b>Fax:</b> (254) 710-8920</p> | <p><b>Questions:</b><br/>Contact Accounts Payable at (254) 710-2415<br/>or Accounts_Payable@baylor.edu</p> |
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