



Utah State University

ACH/Direct Deposit Sign Up

Business Name _____

Banner A# _____

Street Address _____

City _____

State _____

Zip Code _____

ACH/DIRECT DEPOSIT

I authorize the USU Accounts Payable Office to Direct Deposit our payment:

Bank/Institution Name _____

Routing # _____

Accounting # _____

Checking Savings

Signature & Title _____

Date _____

Phone Number _____

NOTIFICATION:

Yes, I would like to be notified of the direct deposit amount by email.

Email Address: _____

If your email address is not filled in, you will not be notified.