



Controller's Office – Accounts Payable
(504) 761-3019

DIRECT DEPOSIT – VENDOR PAYMENT DELIVERY AUTHORIZATION

Name: _____
(As it appears on W-9)

Email Address: _____
(For Direct Deposit Advice)

Phone Number: _____
(Contact number for billing questions)

I authorize Delgado Community College to initiate electronic credit entries to the account I have indicated below for all payments due to me.

For any funds paid to me which are not due and owing to me, through direct deposit, I hereby agree and authorize Delgado Community College to initiate compensating electronic transactions to reverse any over or incorrect payments. In the event such electronic transactions are unsuccessful, Delgado Community College will notify me of the amount to be returned.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Louisiana and U.S. Law.

Financial Institution Name: _____
Financial Institution Routing Number: _____
Bank Account Number: _____
Name on Account: _____
Account Type: _____
(Checking or Savings)

This authority will remain in effect until I change or cancel it *in writing* to Delgado Community College, 615 City Park Ave., New Orleans, LA 70119, ATTN: Accounts Payable Department.

Signature: _____
(Signature of Bank Account Authorized Signer)

Date: _____