DIRECT DEPOSIT- PAYMENT DELIVERY AUTHORIZATION

CONTROLLER'S OFFICE - ACCOUNTS PAYABLE

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

Tax ID#: _____

Email Address: _____
(For Direct Deposit Advice)

Phone Number: _____
(Contact number for billing questions)

I hereby authorize Delgado Community College to initiate Automated Clearing House (ACH) electronic credit transactions to the financial institution account designated below for the direct deposit of any payments due and payable to me.

In the event that electronic funds are deposited into my account in error, I understand that Delgado Community College will notify me of the amount owed and provide instructions for repayment.

I acknowledge and understand that all ACH transactions initiated under this authorization must comply with applicable federal and Louisiana laws, regulations, and ACH operating rules.

This authorization shall remain in effect until Delgado Community College receives written notification from me requesting its termination, allowing reasonable time for the College and the financial institution to process the request.

Financial Institution Name: _____

Financial Institution Routing Number: _____

Bank Account Number: _____

Account Name: _____

Account Type: _____
(Checking or Savings)

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

Signature: _____
(Signature of Bank Account Authorized Signer) Date