



Accounts Payable Direct Deposit Authorization Form

New

Change

Faculty/Staff

Student

Vendor

Name:

Address:

**E-mail Address for
Payment Advice:**

Contact Phone #:

Bank Name:

Bank Address:

Bank ABA/Routing #:

Bank Account #:

Type of Account:

Checking

Savings

Authorizing Signature

Date

Please mail or fax the form to:

Santa Clara University, Accounts Payable

500 El Camino Real

Santa Clara, CA 95053

Phone Number: 408-554-5497

Fax Number: 408-554-5413