



Office of Finance and Accounting
PO Box 757920
Fairbanks, Alaska 99775-7920
Phone: 907.474.7031
Fax: 907.474.7046
Email: uaf-ofa-ap@alaska.edu

We are streamlining our payment process by switching from paper checks to electronic payments. Please enroll in our direct deposit program to receive payments electronically. This is a benefit to you because it eliminates delays in mail processing and check handling.

See the applicable section below for how to enroll in the Accounts Payable (AP) direct deposit payment option depending on your relationship with the University. If you are an employee, this will not affect your Payroll Direct Deposit.

VENDORS AND GUESTS

Please fill out the Direct Deposit Payment Agreement on the back side of this letter. With each payment, the University will email you a confirmation that includes related invoice information.

Please either fax or mail the form using the information in the header above. You may email the form to the email address above, but please only enter the last four (4) digits of your account number in the account number field. An Accounts Payable Technician will call you to confirm your information and receive the remaining digits of your account number.

STUDENTS AND EMPLOYEES

Please use the following steps to enroll in the AP Direct Deposit option. Examples of AP payments you may receive include travel reimbursements, student refunds, and financial aid. It does not include payroll payments.

1. Sign into UA Online (www.alaska.edu/uaonline)
2. Select the 'Finance' tab at the top of the page
3. Select 'Direct Deposit Services'
4. Finally, select 'First Time Setup' to receive future payments by direct deposit. You also have the option to select other actions such as changing or reactivating a direct deposit account.
5. You will need to enter your bank account type, routing number, and account number. There are instructions on the Direct Deposit Setup page that will help you.

With each payment, the University will email you a deposit confirmation.

Thank you for helping the university make this transition to a more efficient payment process. For questions, contact UAF Accounts Payable, at 907.474.7031 or uaf-ofa-ap@alaska.edu.

UNIVERSITY OF ALASKA

VENDOR DIRECT DEPOSIT AGREEMENT

Please mail or FAX this form – Do not send by email – Contains sensitive information

CREATE/CHANGE ACCOUNT

New Direct Deposit Setup Change Direct Deposit Account Cancel this Agreement

PAYEE INFORMATION

TAXPAYER ID (SSN/EIN) - ID number used for tax reporting		LEGAL NAME - Name assigned to Taxpayer ID and used for tax reporting		
BUSINESS NAME – Doing Business As (DBA) name, if different from legal name shown above				
MAILING ADDRESS		CITY	STATE	ZIP CODE
DOES YOUR COMPANY HAVE MULTIPLE LOCATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, CAN YOUR PAYMENTS ALL GO TO THE SAME BANK ACCOUNT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTACT NAME	PHONE	ACCEPT CREDIT CARD PAYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTACT EMAIL		PAYMENT NOTIFICATION EMAIL		

BANKING INFORMATION

FINANCIAL INSTITUTION NAME		NAME ON ACCOUNT – Business/legal name	
ABA/ROUTING TRANSIT NUMBER (9-digit RTN)		FULL ACCOUNT NUMBER	
ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
ACCOUNT CHANGES – If you are changing banks, please list your prior banking information.	PRIOR ABA/ROUTING TRANSIT NUMBER	PRIOR FULL ACCOUNT NUMBER	

BUSINESS OFFICE USE ONLY

ENTERED BY	VENDOR ID
INDEPENDENTLY VERIFIED PHONE #	WAS THE VENDOR CONTACTED?
VERIFIED BY	DATE

AGREEMENT AND AUTHORIZATION

I certify that I am authorized to approve this agreement consistent with Alaska law. I hereby authorize the University of Alaska to satisfy payment obligations due to me by making deposits to the account indicated above. I understand that receipt of the electronic fund transfer(s) will fulfill the payment obligation and the University will be credited for the full amount on the date the fund transfer is completed. I understand the University will make a reasonable effort to notify me within 24 hours if a reversing entry is made against this account. This authority is to remain in full force through the duration of this agreement. I understand that thirty (30) days written notice is required if I change financial institutions, account numbers or type of account.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of direct deposit is not being forwarded to a bank in another country and that if at any point I establish a written order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the University of Alaska immediately.

I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS11.56.210 as a class A misdemeanor.

If the University discovers that the full amount of direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. All correspondence with the University concerning this agreement or any changes to account information should be sent to the address at the top of this form. All terms remain in effect until this agreement is terminated by either party.

PRINTED NAME	TITLE
SIGNATURE	DATE