



AUTHORIZATION FOR DIRECT DEPOSIT

NEW CHANGE

***Please complete the following and email a scanned copy together with a copy of your cancelled check or bank verification to accountspayable@triton.uog.edu**

Vendor Name: _____

Point of Contact: _____ Tel #: _____

Email Address: _____

Mailing Address: _____

Bank Name: _____

Bank Physical Address: _____

Bank Routing #: _____

Bank Account #: _____

Checking: _____

Savings: _____

*Required document to submit: Canceled Check

*Required document to submit: Bank Verification

I hereby authorize the University of Guam to deposit any money owed to me to my bank account, as well as appropriate adjustments and debit entries. I understand that if I change my account it is my responsibility to update my account information. I further understand that if I wish to cancel this authorization, I must notify the Business Office.

Signature: _____

Date: _____

T: +1 671.735.2908 F: +1 671.734.3118 W: www.uog.edu
Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96923