



Return To:

**Volunteer State Community College
Attention: Account Payable
1480 Nashville Pike
Gallatin, TN 37066**

(The form may also be emailed to Accounts.Payable@volstate.edu or faxed to (615) 230-3522.)

Vendor Name _____
Address _____
City/State _____
Zip _____

Vendor ID _____
(to be completed by VSCC)

Check the Appropriate Box **New Set Up**___ **Change Information**___ **Cancel Direct Deposit** ___

Information

Volunteer State Community College is in the process of requesting vendors to agree to be paid by direct deposit. This is being done to make sure our vendors are paid in a timelier manner, as well as, reducing our cost of postage and paper. **Vendors with more than one direct payment entity will not be able to participate.** We request that all eligible vendors fill out the form below and return it to the address at the top of this page to include attention Accounts Payable or Business Office. We appreciate your cooperation.

Please list the Accounts receivable contact information.

Contact: _____

Phone: _____

E-Mail: _____

Vendor SSN or EIN _____

Authorization Agreement

SEE BACK OF FORM FOR AUTHORIZATION

I hereby authorize Volunteer State Community College to initiate automatic deposits to my account at the financial institution named below. I also authorize Volunteer State Community College to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Volunteer State Community College responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Volunteer State Community College receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department of Volunteer State Community College.

Banking Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking ____ Savings ____

By completing this section, I authorize Volunteer State Community College to send a notification via e-mail address one business day prior to the payment settling in my account.

E-Mail Address: _____

(Where the payment notification information should be sent)

Attach a voided check for this account and forward original document to Accounts Payable.

Signature of Authorized Company official

Authorized Signature: _____ Date _____

****Please note: This form will not be accepted without an updated IRS Form W-9.**