New Mexico State University
Procurement Services and Risk Management

Vendor Direct Deposit Authorization

ROUTING
MSC 3890
vendors@nmsu.edu
Phone 575-646-2916
Fax 575-646-3736

Please attach your reprinted deposit slip or voided check. Document must be received before processing. You will be notified via e-mail when a deposit is made to your checking or savings account. Submit completed forms to: Procurement Services, PO Box 30001 MSC 3890, Las Cruces, NM 88003. Phone: 575-646-2916; Fax: 575-646-3736 or by e-mail vendors@nmsu.edu.

SECTION 1: REQUESTOR INFORMATION

Aggie ID: _____ TIN/SSN: _____

Name: _____ Contact Name: _____ E-mail: (required) _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

SECTION 2: REQUEST DETAILS

Please select transaction type:

☐ New Setup ☐ Cancellation ☐ Change Financial Institution ☐ Change Account Information

---

FINANCIAL INSTITUTION INFORMATION (**US Financial Insitutions Only**)

Please select: ☐ Checking ☐ Savings

Bank Name:
Address/City/State/Zip:
Nine-digit routing number:
Account Title:
Account Number:

***Please attach your reprinted deposit slip or voided check. Document must be received before processing.**

SECTION 3: REQUESTOR APPROVAL

I hereby authorize New Mexico State University to deposit my net payment directly to the account indicated above and to initiate, if necessary, any debit or adjustments for any direct deposit errors made. I understand that it is my responsibility to check my account to ensure that money was correctly deposited. The university will not be held liable for bank charges resulting from problems associated with direct deposit. This authority will remain in effect until a new form is submitted. I understand I will receive a check until the above information is verified and processed, which could take up to 30 days.

Authorized Signature: _____ Date: _____

SECTION 4: INTERNAL DEPARTMENT USE ONLY

Date Entered/Processed by: _____

Reset