



Vendor Direct Deposit Agreement Form

210 5TH STREET, MILFORD, NE 68405...402/761-3341 OR 800/327-0091...402/761-3279 (FAX)...www.esu6.org

Authorization Agreement

I hereby authorize **ESU 6** to initiate automatic deposits to my account at the financial institution named below for monthly expense reimbursement (ex. mileage, meal reimbursement, independent contractor payments).

Further, I agree not to hold **ESU 6** 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 **ESU 6** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounting Department.

Account Information (limit of one account)

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Employee/Vendor Signature: _____ Date: _____

If depositing into a checking account please attach a voided check.