



Payment Services Department
 1200 E. California Blvd, MC 103-6
 Pasadena, CA 91125
 Hotline: 626-395-8900

Direct Deposit

Direct Deposit Authorization

Instructions:

This form is to be used to enroll, update, or cancel direct deposit payments from Caltech. This form pertains only to domestic Suppliers requesting payment by EFT (Electronic Funds Transfer). Please allow at least 3 to 5 business days to complete your request.

Upload completed form securely at <https://pdropbox.caltech.edu> or fax to: (626) 666-3928 with attention to Supplier Management

Section 1 – Action Requested:

Enroll Change or Update Cancel

Section 2 – Supplier/Payee Information:

Supplier Name (Payee):

Address (associated with bank account):

Section 3 – Banking Information

Payment by Direct Deposit (EFT- Electronic Funds Transfer)

Bank Name:	Branch Name & Address:
ABA Routing Number:	Bank Account Number:

Section 4 – Accounts Receivable Contact Information

Contact Name:	Email Address for Remittance Notification:
Contact Phone Number:	

Section 5– Authorization

I, _____, Title: _____ authorize the California Institute of Technology to deposit payments into the bank account as indicated on this form. It is my responsibility to notify Payment Services of any changes to the bank account entered above in a timely manner.
 I authorize the California Institute of Technology to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.

Authorization Signature:	Date:
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For Internal Use Only:
 SUPPLIER # _____