North Dakota University System
Accounts Payable
ACH Direct Deposit Authorization Agreement

The North Dakota University System (NDUS), under the direction of System Information Technology Services (SITS), provides technology support for the 11 colleges and universities in the NDUS. This form is for use by any vendor, employee, student, or non-employee for ACCOUNTS PAYABLE payments. The colleges and universities included in NDUS are Bismarck State College, Dakota College at Bottineau, Dickinson State University, Lake Region State College, Mayville State University, Minot State University, North Dakota State College of Science, North Dakota State Universit, University of North Dakota, Valley City State University, and Williston State College.

I authorize NDUS and its institutions and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account.

This form is used for Accounts Payable payments or reimbursements to Vendors and Employees/Students/Non-employees.

☐ NEW  ☐ CHANGE  ☐ PLEASE DELETE DIRECT DEPOSIT

Name or Company Name (Last, First, MI):
[Name of student organization]

Address - Home (individual) or Remit (vendor) address
Address: 128 Memorial Union, Dept. 5360  City, State: Fargo, ND  Zip: 58108-6050

Last 4 digits of Social Security Number or Tax Identification Number (TIN#):
[####]  Phone Number: [Advisor phone #]

Vendor Number (if known): [Student Government will provide]

Contact Email: [Advisor email]  Contact Phone # for Vendors: [Advisor phone #]

Authorized Signature  Date

Banking Information: Attach a voided bank check

<table>
<thead>
<tr>
<th>Old Account Information (required if CHANGE or DELETE is selected)</th>
<th>New Account Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Institution Name:</td>
<td>Financial Institution Name: [Bank Name]</td>
</tr>
<tr>
<td>Address:</td>
<td>Address: [Bank address]</td>
</tr>
<tr>
<td>City, State:</td>
<td>City, State: [Bank city, state]  Zip: [Bank zip]</td>
</tr>
<tr>
<td>Routing Number: (9 digits; lower left-hand side of check)</td>
<td>Routing Number: (9 digits; lower left-hand side of check)</td>
</tr>
<tr>
<td>Account Number:</td>
<td>Account Number: [Organization bank account number]</td>
</tr>
<tr>
<td>Account type (MUST check one)  ○ Checking  ○ Savings</td>
<td>Account type (MUST check one)  ○ Checking  ○ Savings</td>
</tr>
<tr>
<td>Is this Account (MUST check one)  ○ Personal  ○ Business</td>
<td>Is this Account (MUST check one)  ○ Personal  ○ Business</td>
</tr>
</tbody>
</table>

At least ten banking days are needed between the receipt of this form and the effective payment date for this authorization. A new authorization must be completed if you change your account, close your account, or change financial institutions. Should you wish to discontinue this service, you will need to also submit this form.

PLEASE RETURN TO THE
STUDENT GOVERNMENT OFFICE
WHEN COMPLETED

3/19/2013