



NEW MEXICO HIGHLANDS UNIVERSITY

Accounts Payable Direct Deposit Authorization

This form is for use of adding, changing, or canceling an Accounts Payable direct deposit. This form will replace previous information.

This does not update Payroll direct deposit information.

(Print: Last Name, First Name)

(ID Number or SSN)

Accounts Payable

CHECKING

SAVINGS

START

START

CHANGE

CHANGE

CANCEL

CANCEL

(Name of Financial Institution)

(Bank Routing Number)

(Account Number)

PLEASE NOTE THE FOLLOWING

A voided check, copy of a savings ID card or information form from your financial institution must accompany this form for processing. If a document is not provided the request, WILL NOT be processed. Additional verifications may be processed as necessary. This authorization will remain in effect unless otherwise notified, in writing or termination of employment. The authorization form and documents can be transmitted as follows:

STUDENTS/VENDORS

apdirectdeposit@nmhu.edu

Building: Mass Communication East

EMPLOYEES

crystalgarcia@nmhu.edu

Payroll direct deposits information is updated on Paycom

AUTHORIZATION

I have read the above and I authorize NMHU to make the deposit described on this form. If funds to which I am not entitled are deposited into my account, I authorize NMHU to direct the financial institution to return said funds.

Signature

Date

Work Phone

Home Phone