



California State University, San Bernardino  
Accounts Payable Department  
5500 University Parkway, Sierra Hall SH105  
San Bernardino, CA 92407  
Phone: 909-537-5155  
Email: [payables@csusb.edu](mailto:payables@csusb.edu)

## Vendor Direct Deposit Enrollment

Applicable for businesses, vendors and independent contractors

### Instructions:

This form is to enroll, cancel or update direct deposits issued by the Accounts Payable Department and is applicable to businesses, vendors and independent contractors doing business with CSUSB. Return this form to [payables@csusb.edu](mailto:payables@csusb.edu). Please allow 5 to 10 business days to complete your request. For security purposes, all information will be authenticated before a direct deposit is established or banking information is altered. For complete Direct Deposit instructions, please visit: <https://www.csusb.edu/accounts-payable/procedures>

Direct Deposits are only allowable for bank accounts established in the United States. If payment is to be made to a foreign bank account, please contact the Accounts Payable Department for assistance.

**Staff, Faculty, Students: Do not use this form.** Please find the Employee/Student Direct Deposit Enrollment Form located here: <https://www.csusb.edu/accounts-payable/forms-documents>

### Section 1 Action Requested

Enroll

Cancel

Change/Update

- To enroll, complete all sections
- To cancel, complete sections 1, 2 and 4
- To change/update, complete all sections

### Section 2 Payee Information

Full Legal Business Name:			Main Business Phone Number:		
If Payee is an Individual or DBA, Indicate Full Legal Name (Last, First, Middle):			Business Website Address:		
Business Street Address:		City:	State:	Zip Code:	
Last Four Digits of SSN, ITIN or FEIN #:		Last PO# Issued by CSUSB:		Last Invoice Number Paid by CSUSB:	
Billing Department Contact Name:		Billing Department Contact Phone:		Payment Notifications Email Address:	
Name of Authorizing Officer of the Company:		Authorizing Officer Title:		Officer Contact Email:	

### Section 3 Banking Information

Complete for U.S. Bank Accounts Only:					
Account Type: Savings Acct      Checking Acct		Bank Account Number:		Routing Number (9 Digits):	
Financial Institution Name:				Bank Telephone Number:	
Financial Institution Branch Address:		City:	State:	Zip Code:	

### Section 4 Authorization

As an approved representative, I authorize the California State University, San Bernardino (CSUSB) to issue deposit payments into the account as indicated on this form. Further, I authorize CSUSB the ability to recover any overpayments made in error by issuing an associated debit entry to my account. Further, I agree not to hold CSUSB 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. It is my responsibility to notify Accounts Payable of any changes to said bank account in a timely manner. This authorization will remain in effect until cancelled in writing. A new authorization form will be completed if I change my bank account, close my bank account, or change financial institutions. Funds that are rejected by a financial institution will revert to a check payment until an updated form is received by Accounts Payable.

Signature of Account Holder or Officer of the Company:	Print Full Name:	Date:
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