



VENDOR AUTHORIZATION FOR DIRECT DEPOSIT

Vendor Name: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Point of Contact Name: _____

Contact Number (Include Area Code): _____

Bank (ACH) Information

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: Checking

*Required document to submit: Canceled check or deposit slip.

Savings

*Required document to submit: Bank verification or any document showing full account number.

Authorize Representative Name: _____

Date: _____ Signature: _____

Please send via email to accountspayable@triton.uog.edu

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or mail to 303 University Drive UOG Station Mangilao, Guam 96913