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| **VCUQatar Non-Employee Payment Authorization** | | | | | | | | | | | | | | | | | | | | |
| (Please Type) | | | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | |  | | | | |  | | |
|  | | *Last* | | | | | | | | | | | *First* | | | | | *M.I.* | | |
| **Banner ID or Last 4 digits of SSN:** | | | | | | | | | | |  | | | | | | | | | |
| **Home Address:** | | | |  | | | | | | | | | | | | | | | | |
| **Home Phone Number:** | | | | | | |  | | | | | | | | | | | | | |
| **Work Box Number:** | | | | | | | |  | | | | | | | | | | | | |
| **Work Phone Number:** | | | | | | |  | | | | | | | | | | | | | |
| **Email Address:** | | | |  | | | | | | | | | | | | | | | | |
| **Name of Financial Institution:** | | | | | | | | |  | | | | | | | | | | | |
| **Address of Financial Institution:** | | | | | | | | | |  | | | | | | | | | | |
| **Financial Institution SWIFT Code:** | | | | | | | | | | | |  | | | | | | | | |
| **IBAN Number:** | | | | |  | | | | | | | | | | | | | | | |
| **Account Number:** | | | | | |  | | | | | | | | | | | | | | |
| **Account Type:** (select only one or default will be “Checking”) | | | | | | | | | | | | | |  | Checking (Current) | | | |  | Savings |
|  | | | | | | | | | | | | | | | | | | | | |
| **Check only one of the boxes below to *authorize*:** | | | | | | | | | | | | | | | | | | | | |
|  | NEW – VCU will make payment directly to the selected checking (current) or savings account at the financial institution indicated above by direct deposit or wire transfer. | | | | | | | | | | | | | | | | | | | |
|  | Checking this box means that you agree to the following conditions: | | | | | | | | | | | | | | | | | | | |
|  | * ***Notify*** VCU Accounts Payable immediately of any changes to this information so that your payment may be properly distributed. | | | | | | | | | | | | | | | | | | | |
|  | * ***Understand*** that, in the event VCU notifies your financial institution that you are not entitled to the funds deposited to your account, your financial institution is authorized to deduct the amount of adjustment from your account and return the adjusted amount to VCU. | | | | | | | | | | | | | | | | | | | |
|  | A change in financial institution. | | | | | | | | | | | | | | | | | | | |
|  | A change in account number at the same financial institution. | | | | | | | | | | | | | | | | | | | |
| **This section for use by VCUQ finance office only** | | | | | | | | | | | | | | | | | | | | |
|  | Payment to be issued by **DIRECT DEPOSIT** (only financial institutions located in the U.S. or Qatar) | | | | | | | | | | | | | | | | | | | |
|  | Payment to be issued by **WIRE TRANSFER** | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | |  | | | | | | | | | | | | | **Date:** |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Submit this form to VCUQatar Finance Office for processing.  Please direct questions to Shaduli Thattan Valappil at svalappil@vcu.edu | | | | | | | | | | | | | | | | | | | | |
| *Changes should become effective within two weeks of VCU Accounts Payable receiving the completed form.* | | | | | | | | | | | | | | | | | | | | |