

STOCKTON 81, 9 (56, 7 <
Accounts Payable Office
DIRECT DEPOSIT ENROLLMENT FORM

Submit the following to Accounts Payable to be enrolled in direct deposit. This form may be submitted via your business email address or mailed with signature. **The email address that is provided will be used for all disbursement notification and remittance advice.**

PAYEE INFORMATION	
Company Name:	Last 4 digits of SSNEIN #
Contact Name:	
Address:	Phone #:

