

Annual Authorization Request

DIRECT DEPOSIT: Payee must have direct deposit established or complete the direct deposit authorization form and attach to disbursement request. **This is the preferred method of payment.**

CHECK ONE:

CHECK REQUEST: Mailed to payee's address below

Annual Authorizations Requests: May be created for monthly payables that are the same amount but require a vendor invoice number to process. The monthly payment amount cannot vary from month to month. This will eliminate the creation of monthly payment authorization form and ensure timely payment.

** Please note: new forms are required each fiscal year.

Payee's Name:				
Address:		City:	State:	Zip:
<input type="checkbox"/> Property Lease/Rent	<input type="checkbox"/> Maintenance Agreement		Vendor ID:	
<input type="checkbox"/> Other:			PO #:	

FUND	ORG	ACCOUNT	%	OR \$ AMOUNT

Please describe the nature of the recurring payable:

Actual Agreement Period From: _____ To: _____

To be Completed by Project: _____

Payment Number	For the Period of		Amount per Payment	To Pay on the		AP USE ONLY		
	From:	To:		Date	Month	Invoice #	Date	Ck #
Example	8/1/2018	8/31/2018	\$1000.00	5th	July			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Project Signature:	Date:	Phone:	Email:
SDSURF Signature:	Date:	Phone:	Email:
Additional Signature:	Date:	Phone:	Email:

I understand by signing the above request that I will notify Accounts Payable of any changes or cancellations to this request in writing. I also understand that a new request must be submitted each Fiscal Year, even if the contract terms extend beyond an annual contract.