

Document Number

**University of North Carolina Wilmington  
CHECK/DIRECT DEPOSIT REQUEST**

PAYEE (60 characters) \_\_\_\_\_  
 BANNER ID (9 characters) \_\_\_\_\_  
 ADDRESS (30 characters) \_\_\_\_\_  
 (30 characters) \_\_\_\_\_  
 CITY (20 characters) \_\_\_\_\_ STATE \_\_\_\_\_  
 COUNTRY (3 characters) \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

**FOR ACCOUNTS PAYABLE USE ONLY**

VENDOR ID# _____	ENCL. CODE _____
INVOICE DATE _____	1099 CODE _____
DUE DATE _____	SINGLE CHECK _____
INVOICE # _____	MULTIPLE INVOICE _____
DESCRIPTION _____ (short description of payment)	

FOAPAL Distribution					
	6-Digit Banner Fund	6-Digit Account	5-Digit Org <i>(if not default)</i>	6-Digit Activity <i>(if applicable)</i>	AMOUNT
1					
2					
3					
Single Check <input type="checkbox"/> Date Check Preferred _____					<b>TOTAL CHECK AMOUNT</b>

Purpose of Disbursement *(Support Documentation must be attached)*

\_\_\_\_\_

\_\_\_\_\_

**Note for Personal Services** Is the out-of-state payee subject to 4% NC Withholding Tax?      Yes       No

If no, supply the Certificate of Authority number \_\_\_\_\_

<b>Requested Payment Distribution</b>	<p style="color: red; font-weight: bold; margin: 0;">If the payee exists in the system as a direct deposit vendor, a valid reason must be entered below if a check is required rather than a direct deposit. A check will be issued for the payee only if a valid reason is specified or if the payee is not a direct deposit.</p> <p><input type="checkbox"/> *Check Only                  *Explanation (required) _____</p> <p><b>Select one:</b></p> <p><input type="checkbox"/> Mail to Payee      Is documentation attached for mailing?      Yes <input type="checkbox"/>      No <input type="checkbox"/>  <i>Attach an extra copy of documentation for mailing purposes, in addition to Accounting Dept. file copies.</i></p> <p><input type="checkbox"/> Other (Specify) _____</p> <p><input type="checkbox"/> *Return check to department for mailing to payee _____      Ext. _____                  *Explanation (required) _____</p>
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Prepared by: \_\_\_\_\_ Ext. \_\_\_\_\_ Mail Code \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Ext. \_\_\_\_\_ Mail Code \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Budget Authority is required.)

**Accounting Approval**