

CENTRAL MICHIGAN UNIVERSITY
Payable Accounting
Vendor ACH/Direct Deposit Authorization Form

Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

VENDOR /PAYEE INFORMATION

NAME:

ADDRESS:

CONTACT PERSON'S NAME (if other than payee):

TELEPHONE NUMBER:

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E-MAIL ADDRESS: *(Required for notification of payments)*

FAX NUMBER:

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BANK NAME:

BANK ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

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NAME ON BANK ACCOUNT:

BANK ACCOUNT NUMBER:

NINE-DIGIT BANK ROUTING/TRANSIT NUMBER:

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TYPE OF ACCOUNT:

Checking

Savings

I certify that the information provided on this form is correct, and I am an authorized signer or designate of the account provided for the direct deposit transactions and am entitled to provide this authorization. I hereby authorize Central Michigan University (CMU) Payable Accounting to electronically deposit payments or initiate credit entries to the bank account designated above. It is my responsibility to notify CMU Payable Accounting (989) 774-3523 immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify CMU Payable Accounting in writing immediately of any changes in status or bank information and any changes to the existing ACH credit authorization will require a new request for ACH deposit form be submitted. I understand that this authorization will remain in full force and effect until CMU Payable Accounting has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

AUTHORIZED SIGNATURE:

DATE:

Printed Name & Title:

I hereby certify as the company's chief financial officer, the information provided above by the authorizing individual is correct and has been verified for accuracy.

Authorized Signature (REQUIRED):

DATE:

Printed Name & Title:

*** PLEASE ATTACH A VOIDED CHECK ***

Please return completed form via one of the following transmissions:

U.S. MAIL: Central Michigan University
Payable Accounting, 302 Warriner Hall
Mt. Pleasant, Mi 48859

FAX: (989) 774-1442

Entered	_____	_____
	Initials	Date
Verified	_____	_____
	Initials	Date