UNIVERSITY OF THE DISTRICT OF COLUMBIA 1851

ACH VENDOR PAYMENT ENROLLMENT FORM

Section A

Vendor ◯ **Flagship Student** ◯ **CCDC Student** ◯ **Law Sch. Student** ◯

New Form ◯ **Correction/Change** ◯ **Cancellation** ◯

Vendor/Payee/Company Information

Vendor Name* ______________________ EIN/SSN* ______________________

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Address* ____

Vendor Contact Name* ______________________ Vendor Contact Phone Number* ______________________

Vendor Email Address* ______________________

*Required

I (we) hereby authorize the University of the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the University of the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the University of the District of Columbia receives written notification of revocation.

Name & Title of Authorizing Official for Vendor
(Please type or print) ______________________________

Signature of Authorizing Company Official for Vendor ______________________________

Date ________________

Section B

Payments should be made to the depository account named below

Bank/Financial Institution Information
(to be reviewed and signed by Vendor's Financial Institution)

Bank/Financial Institution Name ______________________ Account Title ______________________

Branch Address ______________________ Phone Number ______________________

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9-digit Transit Routing Number | | | | | | | | | |

Account Number | | | | | | | | | | | | | | | | | | |

Bank's ACH Coordinator ______________________ Telephone Number ______________________

Type of Account ◯ Checking ◯ Savings

Signature & Title of Banking Official ______________________________

Print Name & Title ______________________________

Notice: All vendors must have a W-9 on file with the University of the District of Columbia