

## **PeayPayables ACH Payment Enrollment Form**

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. It is your responsibility to check with your financial institution to confirm that funds have been deposited.

### **PAYEE / COMPANY INFORMATION**

Name:
Current Mailing Address:
Taxpayer EIN # (required):
Social Security Number if Sole Proprietor (required):
Contact Person Name:
Email Address for Remittance:
Work Telephone #:

### **FINANCIAL INSTITUTION INFORMATION**

Name:
Mailing Address:
City, State and Zip Code:
Nine-digit Routing Transit Number:
Account Number:
Type of Account:                                      Checking                                      Savings
Name of Payee or Authorized Official (please print)
Signature of Payee or Authorized Official:
Title of Payee or Authorized Official:
Date:

Your signature on the ACH Vendor Form states the following:

- 1) I request and authorize Austin Peay State University (APSU) to deposit any reimbursements or other approved payments into my account with the financial institution specified.
- 2) This authorization will remain in full force and effect until APSU discontinues the service, or until I submit a written request to terminate the service. If account information or financial institution changes, I understand that I must complete and submit a new authorization. I will submit this request to the Accounts Payable office in a timely manner as to afford APSU and my financial institution a reasonable opportunity to act upon my request.
- 3) Sole notification of my EFT payment will be delivered to the e-mail address indicated above.