

Please include a VOIDED check with this form for account verification.

Please check the appropriate box: New Set Up Change ACH Information Cancel ACH

Vendor Name:
Vendor ID (to be completed by APSU AP Staff):
Current Mailing Address:
Taxpayer EIN or Social Security number if Individual or Sole Proprietor (required):

In an effort to prevent reissues of lost checks, and to ensure timelier payments to our vendors, APSU is requesting payment be made by direct deposit. If your banking information changes, we require you to complete a new form before we will make any changes to your account profile. Complete information is required to ensure there are no delays in your payment(s).

Vendor Accounts Receivable Contact for ACH remittance:

Contact Person Name:
Email Address for ACH Remittance:
Phone Number:

I hereby authorize Austin Peay State University to initiate automatic deposits into my account at the financial institution below. If a credit entry is made in error, I also authorize Austin Peay State University to correct the mistake and withdraw the amount deposited in error.

This agreement will remain in effect until Austin Peay State University receives written notice of cancellation from me or my financial institution. If there are any changes to my financial institution, I understand that I must submit a new ACH request in writing. Austin Peay State University reserves the right to verify any account information prior to setting up a new ACH or changing existing ACH information already on file.

Financial Institution Name:
Mailing Address:
City, State and Zip Code:
Routing Transit Number:
Account Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Payee or Authorized Company Official (please print):
Signature of Payee or Authorized Company Official:
Date:

A voided check must be submitted with this form: