E-CHECK AUTOMATIC DEPOSIT AUTHORIZATON FORM

(ACH payments to Vendors and ACH Employee Reimbursements)

Enrollment _____ Update _____

Vendor Name _____

Mailing Address _____

Phone Number _____

Email Address _____

Email Address for Notification of Payment _____
(If not the same as the above)

Bank Name _____

Bank Address _____

Bank Routing Number (9 Digits) _____

Bank Account Number _____

Checking Account _____ or Savings Account _____

A VOIDED CHECK OR A BANK-ISSUED LETTER THAT INCLUDES YOUR BANK ACCOUNT INFORMATION IS REQUIRED FOR VERIFICATION PURPOSES.

I hereby authorize Tusculum University to make deposits to the account noted above and authorize the Depository Financial Institution noted above to accept the deposits.

Name _____ Signature _____
(Print)

Title _____ Date _____
(Vendor Contact)

For Accounting Office Use Only

Name _____ Date _____