Office of Financial Affairs
300 North Beaty Street
Athens, AL 35611
256-233-8100

ACH Authorization Form
Vendor/Miscellaneous

Part I: Authorization Type

☐ **NEW** ACH ☐ **CHANGE** ACH ☐ **CANCEL** ACH

Part II: Payee/Company Information

1. Payee/Company Name

_____

2. Enter your TIN associated with the Payee/Company Name

_____

3. TIN Type ☐ SSN (enrolling as an individual) ☐ EIN (enrolling as a business, organization, etc.)

4. Contact Name: _____

5. Phone Number: _____

Part III: Bank Information

1. Bank Name: _____

2. Routing Number: _____

3. Name on Account: _____

4. Account Number _____

5. Account Type: ☐ Checking ☐ Savings

Part IV: Remittance Information

I authorize Athens State University to send payment detail information to the following email address:

1. E-mail Address: _____

Part V: Authorization

I certify that the information provided on this form is correct, and I do hereby authorize Athens State University to initiate electronic credit entries for the purpose of making vendor/miscellaneous payments to my bank account, and if necessary, debit entries and adjustments for any credit entries in error on my account. I understand that I must notify Athens State University in writing immediately of any changes in status or banking information. Failure to notify Athens State University of any changes in status or banking information will cause a delay in payment. I understand that this authorization will remain in full force and effect until Athens State University has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it.

Sign Here ►

_____	_____	_____
Signature of Authorized Official	*Title*	*Date*

Retain a copy for your records

Mail completed form to:
Athens State University
Attn: Accounts Payable
300 North Beaty Street
Athens, AL 35620