

ACH Vendor Enrollment Form

For Domestic Wires in US Funds Only

This form is used for Automated Clearing House (ACH) payments. The following information is confidential. This information will be used by Cleveland State University to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Vendor Information

Company Name: _____

(Please Print)

Company Address: _____

City: _____ State: _____

Federal Tax I.D.: _____

Company Contact Name: _____

(Please Print)

Company Contact Number: _____

Company Fax Number: _____

Company Email Address: _____

Financial Institution Information

Name of Bank: _____

City: _____ State: _____

Account Number: _____

Routing Transit Number: _____

Type of Account: Checking Savings

Signature and Title of Authorized Official:

Name	Title
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By signing this form, I certify that the information provided is correct, associated with the company noted and for all vendor payments processed by CSU Accounts Payable.

Internal Verification

Accounts Payable Manager	Date	Processor	Date
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