Accounts Payable Department
Cheyney University, 1837 University Circle, Cheyney, Pennsylvania 19319
* fax: (610399-2228 * vendor@cheyney.edu *

EMPLOYEE ACH PAYMENT ENROLLMENT FORM (Direct Deposit)

Even if you are already enrolled in direct deposit via Human Resources you will need to complete this form in order for Accounts Payable to deposit funds directly into your account. The information is not transferrable.

Payee Name: {Required}	SAP Personnel #:	VNDR ID: {AP Use Only}
Email Address: {Required}	Telephone Number:	·
Street Address:	City, State, Zip Code	
Select One:		
Financial Institution Information		
Bank Name: {Required}	Bank Address: {Required}	
Bank Account Number: {Required}	Bank Routing Number: {Required}	
AUTHORIZATION		
I authorize Cheyney University of Pennsylvania and the financial institution noted above each time a payment is made and, if necessary, to adjust or re authorization will remain in effect until I have cancelled it in writing and in su opportunity to act upon it. I will notify Cheyney University of Pennsylvania or	everse a deposit for any entry manuch time as to afford Cheyney Un	de to this account in error. This iversity of Pennsylvania a reasonable
Name: {Please Print}		
Signature	Copy of Voide	d Check is Required