VENDOR ACH PAYMENT ENROLLMENT FORM (Direct Deposit)

Accounts Payable Department Cheyney University, 1837 University Drive Cheyney, Pennsylvania 19319 fax: (610)399-2228 vendor@cheyney..edu

Payee Name: {Required}	Vendor Number (AP Use Only)
Email Address: {Required}	Telephone Number: {Required}
Street Address: {Required}	City, State, Zip Code
FEIN or SSN: {Required}	🔿 Initial Set Up
	Select One: Change of Account Information
	O Discontinue ACH

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 listed above to deposit payments automatically into the checking account noted above each time a payment is made and, if necessary, to adjust or reverse a deposit for any entry made to this account in error. This authorization will remain in effect until I have cancelled it in writing and in such time as to afford Cheyney University of Pennsylvania a reasonable opportunity to act upon it. I will notify Cheyney University of Pennsylvania of any changes made to my checking account.

Signature	
	Copy of Voided Check and W-9 is Required

This information will be used by the Cheyney University of Pennsylvania Accounts Payable Department to transmit payment data by electronic means to the employee's financial institution.