



Vendor ACH Enrollment

Applicable for business, vendors and independent contractors.

Instructions:

This form is to enroll, cancel or update direct deposits issued by the Accounts Payable Department and is applicable to businesses, vendors and independent contractors doing business with CSUS. Return this form to vendordatarecord@csus.edu. Please allow 5 to 10 business days to complete your request. For security purposes, all information will be authenticated before a direct deposit is established or banking information is altered.

Direct deposits are only allowable for bank accounts established in the United States. If payment is to be made to a foreign bank account, please contact the Accounts Payable Department for assistance.

Section 1 Action Requested

Enroll Cancel Change/Update

Section 2 Payee Information

Full Legal Business Name Supplier ID No.:

If Payee is an Individual or DBA, Indicate Full Legal Name (Last, First, Middle):

Business Street Address: City State Zip Code

Last Four Digits of SSN, ITIN or FEIN# Last PO# Issued by CSUS Last Invoice # Paid By CSUS

Billing Department Contact Name, Phone Number, Email Address

Name and Title of Authorizing Officer of the Company Email Address

Section 3 Banking Information

Account Type: Saving Acct Checking Acct

Bank Account No. Routing No.

Financial Institution Name: Bank Telephone No.

Financial Institution Branch Address City State Zip Code

Section 4 Authorization

I hereby authorize in accordance with the rules and regulations of the National Automated Clearing House Association ("NACHA") California State University, Sacramento (CSUS) to credit any reimbursement due to me via automated clearinghouse to the bank and bank account owned by me referenced above. Further, I hereby authorize CSUS to withdraw funds from the above referenced bank account owned by me via ACH debit. Such debits are authorized only to perform legitimate and appropriate financial transactions between me and CSUS including, but not limited to, retrieval of reimbursement overpayments. This authorization will remain in effect until canceled in writing. A new authorization must be completed if I change my bank accounts, close my bank account, or change financial institutions.

Note: I understand that CSUS requires ten (10) business days to set up this initial authorization.

Signature of Authorizing Officer of the Company

Print Full Name

Date