



FERRIS STATE UNIVERSITY

PURCHASING DEPARTMENT

Direct Deposit Banking Information

Name of Financial Institution: _____

City & State of Financial Institution: _____

Financial Institution Phone #: () - _____

ACH Routing & Transit #: _____

Name of Account: _____

Account Number: _____

Select One: Checking Account Savings Account

Business Contact for Banking Transactions

I _____, hereby certify that I am authorized to disclose the above information. I hereby authorize Ferris State University to start crediting our account at the financial institution listed above for the purpose of payment for the goods and services provided.

Signature Date

I understand that if our account at the financial institution listed above changes or is closed, we must inform Ferris State University in writing. Ferris State University is unable to process payments on rejected monies until funds are returned through the banking system.

Contact Name: _____

Phone #: () - _____

** This form should be returned to the address listed below attention Purchasing EDI

Purchasing Office Use	
Vendor ID#:	_____
Updated By:	_____
Accounts Payable Office Use	
Date Entered:	_____
Entered By:	_____