



Direct Deposit Banking Information

Vendor Name: _____

Name of Financial Institution: _____

City & State of Financial Institution: _____

Financial Institution Phone Number: _____

Name on Account: _____

ACH Routing & Transit: _____

Account Number: _____

Please Select: *Checking Account* or *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 Number: _____

Email Address to Receive Deposit Confirmation: _____

Please be sure the email address listed above is appropriate for receiving deposit confirmations

This form should be returned to the address listed below:

Ferris State University
Purchasing Department
420 Oak ST, PRK 250
Big Rapids, MI 49307

Phone: (231) 591-2165
Fax: (231) 591-3902

Purchasing Office Use	
Vendor ID:	_____
Updated By:	_____
Accounting Office Use	
Date Entered:	_____
Entered By:	_____