

Vendor Direct Deposit/ACH Information

Please Check One: New Direct Deposit: ___ -or- Change to Information: ___

If Banking Change, Please Provide: Current Routing #: _____ Current Account #: _____

Vendor Name: _____

Name of Financial Institution: _____

City & State of Financial Institution: _____

Financial Institution Phone Number: _____

Name on Account: _____

ACH Routing & Transit: _____

Account Number: _____

Please Check One: 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****

VENDORS: Return this form and a current W-9 via E-mail to your FSU department contact.

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