

**SUPPLIER'S ELECTRONIC PAYMENT INFORMATION
(For United States Banks Only)**

| COMPANY/SUPPLIER INFORMATION | | | | | |
|---|---|--|-------|-------|----------|
| Company/Supplier Name <small>(as appears on bank account)</small> | | | | | |
| Address | Street | | | | |
| | City | | State | | Zip Code |
| EFT/EDI Contact | Name(s) | | | | |
| A/R Contact | Telephone # | | | | |
| | Name(s) | | | Fax # | |
| | A/R Contact E-mail | | | | |
| Other E-Mail Contacts <small>(optional)</small> | | | | | |
| | | | | | |
| US ACH BANK INFORMATION (Your local branch contact) | | | | | |
| Bank Name | | | | | |
| Address | Street | | | | |
| | City | | State | | Zip Code |
| Bank Contact | Name(s) | | | | |
| | Telephone # | | | Fax # | |
| ACH Routing # | Note: This may be different than a fed wire routing number. | | | | |
| Bank Account # | | | | | |
| Account Type | Checking <input checked="" type="checkbox"/> Savings (not currently available) | | | | |

I hereby authorize initiation of direct deposits of accounts payable disbursements from Vanderbilt University into the account specified above and agree to promptly return any funds that are submitted in error.

Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

Please note that a CTX 820 remittance file is forwarded to the receiving bank for each ACH payment. An ***optional email remittance report is available upon request*** for those who do not retrieve the CTX 820 remittance detail file from their bank. **Currently, this month-to-date report is generated daily even though a payment may not have been processed.**

Please return this form to and contact Disbursement Services at dspayments@vanderbilt.edu for any questions or concerns about this form or the ACH payment process.