FRANCISCAN UNIVERSITY OF STEUBENVILLE

Vendor ACH Enrollment Form

Franciscan University of Steubenville offers the option of receiving payments via Electronic Funds Transfer (EFT) to our vendors. Payments will be electronically deposited into your company's designated bank account through ACH (Automated Clearing House). ACH payment remittance advice will be delivered via email.

Signing up for Vendor ACH payments provides several benefits for our vendors:

Quicker Payments

- ACH payments are a faster method of payment.
- ACH payments can be credited to your account in less than two business days. Payments made by check can take 10-14 days to be received through the postal service.
- Banks do not hold ACH payments unlike the checks you deposit. Your funds are available as soon as the ACH payment is credited to your account.

Less Hassle

- ACH payments eliminate the need for paper checks.
- Your ACH payment cannot be lost in the mail or delayed due to a forwarded address.
- You will receive notification and remittance advice for each ACH payment via email.
- Save time by not traveling to the bank or waiting in line to deposit your check.

If you have any questions about our Vendor ACH payments program, please feel free to contact our Accounts Payable team at accountspayable@franciscan.edu

Vendor ACH Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. *(Note this likely will not be the same information for receiving payment via wire transfer, which Franciscan University of Steubenville is not offering in this enrollment)*
You must check with your financial institution to confirm funds have been deposited.
Information on this form is subject to additional verification.

VENDOR INFORMATION (Remit Address)

☐ **New Request** ☐ **Change Request**

VENDOR NAME			**Last 4 Digits of TAXPAYER ID (Required)**
ADDRESS	CITY	STATE	ZIP
ACCOUNTING CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	
EMAIL ADDRESS (PRINT CLEARLY) – *Required to receive remittance.			

FINANCIAL INSTITUTION INFORMATION

BANK NAME			
ADDRESS	CITY	STATE	ZIP
ACCOUNT NAME	ACH ROUTING NUMBER (9 Digits)	ACCOUNT NUMBER	
ACCOUNT TYPE ☐ CHECKING ☐ SAVINGS			

Certification:

I certify I am responsible for notifying any changes to the information provided above to Franciscan University of Steubenville.

I, the undersigned, authorize Franciscan University of Steubenville (FUS) to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions.

I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above named company, herby authorize FUS to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by FUS.

FUS reserves the right to cancel or suspend this authorization at any time.

Authorization:

_____	_____	_____	_____
Authorized Official Name	Signature	Title	Date

Please email or fax the completed form along with a **VOIDED CHECK** to: **EMAIL**: accountspayable@franciscan.edu
FAX: 740-422-0953

*** **A voided check or bank confirmation letter is required to process this form.** ***