

Student Organization ACH Authorization Agreement

Instructions: This form is used to establish a vendor's participation in University of Minnesota automated payment process.

Who will use the form? University Suppliers, Student Organizations and Purchasing Services

Routing and General Instructions: Complete the form below and email to

vndring@umn.edu

Subject Line MUST follow this convention: "CHANGE+[SUPPLIER ID]+STUDENT ORGANIZATION" (Do not type the name of your organization, just enter STUDENT ORGANIZATION and our system will flag it

All Fields Required – MUST BE TYPED

Student Org. Name		Supplier ID	
Address			
City		State	Zip

I (we) hereby authorize the University of Minnesota, to initiate credit entries for payments to the company referenced above and to initiate, if necessary, debit entries and adjustments for any duplicate or erroneous credit entries, which the University of Minnesota previously initiated. The depository/bank named below, hereinafter called DEPOSITORY/BANK, is authorized to credit such account.

Depository/Bank Name				
Branch				
City		State		Zip
Account Name				
Transit/ABA/RTN Number	This is the nine digit bank code, which appears on the bottom of check indicating the financial depository institution number.			
Account Number				

Remittance Information Notification

Please indicate Email address you would like your remittance notification to be sent

Contact Name		Contact Phone #	
Email address			

This authority shall continue and remain in full force and effect until the University of Minnesota has received notification in writing from the company of the desire to terminate such service in such time and in such manner as to afford the University of Minnesota and DEPOSITORY/BANK a reasonable opportunity to act on it.

Executed by

Name		Phone #	
Signature <small>(e-signatures accepted)</small>		Date	

Please email the completed form to vndring@umn.edu: