North Dakota University System

ACH Direct Deposit Authorization Agreement

This form is for use by any supplier, student, or non-employee for ACCOUNTS PAYABLE payments.

Supplier Information						
Supplier Name					Supplier ID # (if known)	
Address						
City			State	Zip	Zip	
Contact Name (type or print)			EIN/SSN			
Email (For payment remittance)			Phone			
Type of Request						
☐ New (complete section A only)	☐ Change (complete	☐ Delete (complete section B only)				
Banking Information A voided check or bank letter is REQUIRED for new ACH setup and ACH changes. If this information is not provided the request will not be fulfilled						
Section A: New bank account information						
Financial Institution Name	Account type ☐ Business Checking ☐ Personal Checking ☐ Savings					
Routing Number (9 digits)	Account Number					
Section B: Existing bank account information						
Financial Institution Name	Account type ☐ Business Checking ☐ Personal Checking ☐ Savings					
Routing Number (9 digits)	Account Number					
If you are signing this form electronically, you agree your electronic signature is the legal equivalent of your handwritten signature on this form.						
Authorized Signature	Date					
Please include an updated copy of your W9 with this form: https://www.irs.gov/forms-pubs/about-form-w-9						
At least ten banking days are needed between form and the effective payment date for this au authorization must be completed if you change your account, or change financial institutions. S discontinue this service, you will need to also su	Return completed forms to: University of North Dakota Procurement & Payment Services Stop 8356 Grand Forks ND 58202-8356 Email: UND.pps@und.edu Fax: 701-777-3948					

Please note that all fields are $\underline{\textit{required}}$ and incomplete forms will $\underline{\textit{not}}$ be accepted.

