

Can be completed by a school or person, whoever is receiving funds.
 The NDSGC can check to confirm if you or your school have already submitted an ACH and W9

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 <i>Your name</i>	Supplier ID # (if known) <i>leave blank</i>		
Address <i>Your permanent address (must match W9 and check)</i>			
City	State	Zip	
Contact Name (type or print) <i>Your name</i>	EIN/SSN <i>Your Social Security Number</i>		
Email (For payment remittance) <i>Your email</i>	Phone <i>Your phone</i>		

Type of Request		
<i>If you are new to Jaggaer, select 'New'</i>		
<i>If you are updating information, select 'Change'</i>		
<input type="radio"/> New (complete section A only)	<input type="radio"/> Change (complete both section A and B)	<input type="radio"/> 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 <i>Your bank's name- spell it correctly</i>	Account type <input type="radio"/> Business Checking <input type="radio"/> Personal Checking <input type="radio"/> Savings
Routing Number (9 digits) <i>Your routing number, the first set of numbers on a check. LIST ALL DIGITS</i>	Account Number <i>Your account number, the second set of numbers on a check. Include all digits, even if they are zeros. If you have any zeros in the front of your account number, LIST THEM</i>
Section B: Existing bank account information	
Financial Institution Name	Account type <input type="radio"/> Business Checking <input type="radio"/> Personal Checking <input type="radio"/> Savings
Routing Number (9 digits)	<i>Complete this section ONLY if updating an existing Jaggaer account. We cannot share any existing information in your Jaggaer profile, you must keep records.</i>

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 <i>Sign Here</i>	Date <i>Date Here</i>
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Please include an updated copy of your W9 with this form: <https://www.irs.gov/forms-pubs/about-form-w-9>

<p>At least ten banking days are needed between the receipt of this form and the effective payment date for this authorization. A new authorization must be completed if you change your account, close your account, or change financial institutions. Should you wish to discontinue this service, you will need to also submit this form.</p>	
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*Please note that all fields are **required** and incomplete form*

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