



Emory ACH Payment Authorization Form

Email Form to actspay@emory.edu

Vendor Information

Vendor Name \_\_\_\_\_

Vendor Division Name \_\_\_\_\_

Vendor Address \_\_\_\_\_

Vendor Primary Contact Name \_\_\_\_\_

Vendor Primary Contact Phone \_\_\_\_\_

Vendor Primary Contact Email \* \_\_\_\_\_

\* Remittance information will be sent to this email address.

Banking Information

Name of Receiving Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Contact Name \_\_\_\_\_

Bank Contact Phone \_\_\_\_\_

Bank Contact Email \_\_\_\_\_

Vendor Authorization

We hereby authorize, with the signature below, Emory University Payment Services to deposit all payments into the above referenced account.

Vendor Authorized Signature \_\_\_\_\_

Authorized Signer's Title \_\_\_\_\_

Authorized Signer's Phone \_\_\_\_\_

Date of Signature \_\_\_\_\_

For Emory Payment Services Use Only

Emory Vendor ID (PeopleSoft) \_\_\_\_\_

Bank Information Entered on \_\_\_\_\_

Bank Information Entered by \_\_\_\_\_

Vendor Maintenance Information Verified by \_\_\_\_\_