

This form is used for Authorized Clearing House (ACH) Payment. The following information is confidential. This information will be used by Case Western Reserve University to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing house Payment System.

Vendor informationCompany Name: _____
(please print)

Company Address: _____

City: _____ State: _____

Federal tax ID: _____

Company Contact Name: _____

Company Contact Phone Number: _____

Email Address for Remittance Advice: _____
(required)**Financial Institution Information**

Name of Bank: _____

City: _____ State: _____

Account Number: _____

Routing Transit Number: _____

Type of Account: Checking Savings

Signature and Title of Authorized Official:

Name_____
Title

By signing this form, I certify that the information provided is correct, associated with the company noted and for all vendor payments processed by CWRU Accounts Payable.

Internal Verification_____
Accounts Payable Manager_____
Date_____
Processor_____
Date