

**Vendor ACH Authorization Form**

Spelman College Office of Accounts Payable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Federal Tax ID (EIN#) | | | |  |
| Company Address | | |  | |
| Phone Number | |  | | |
| Email Address | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Transaction | | | | New Change Cancel | | |
| Bank Name | | |  | | | |
| Bank Address | | |  | | | |
| Type of Account (Please check one): | | | | Checking Savings | | |
| Bank Account Number: | | | |  | | |
| Bank Routing Number (9-digits): | | | |  | | |
| Signature |  | | | | Date |  |
| Printed Name | |  | | | | |

I hereby authorize Spelman College to initiate direct deposit credit entries and if necessary, debit entries or adjustments, to correct any deposit errors to my checking or savings account at the financial institution indicated above. I certify I have read and understood this form. This authority is to remain in full force and effect until Spelman College has received written notification from me of its termination in such time and in such manner as to afford Spelman College and the financial institution named above a reasonable opportunity to act on it.

**It is your responsibility to obtain the correct ACH Routing/Transit Number and Account Number for your financial institution. Incorrect account information will delay your payment.**

**Please return completed form via FAX or Mail to:**

Spelman College

Office of the Controller/Accounts Payable

350 Spelman Lane SW, Box 1108

Atlanta, GA 30314-4399

404.270.5172 Fax

|  |  |
| --- | --- |
| **For Office of Accounts Payable Use Only** | |
| **AP Reviewed and Approved:** | **Date:** |