



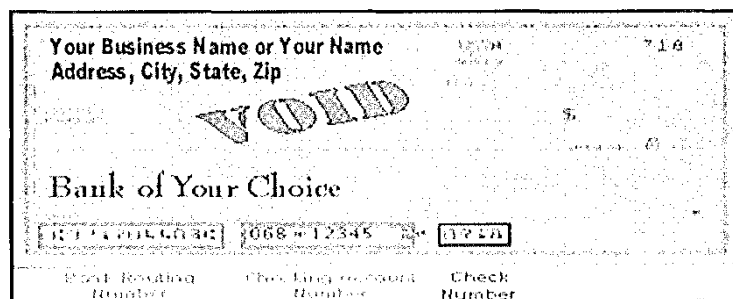
Accounts Payable Department
 West Chester University 201 Carter Drive West Chester, Pennsylvania 19383
 * 610-436-2176 * fax: 610-436-2637 * ahowett@wcupa.edu * www.invoices@wcupa.edu

VENDOR ACH PAYMENT ENROLLMENT FORM (Direct Deposit)

VENDOR / PAYEE NAME (REQUIRED)	VENDOR NUMBER (WCU AP USE ONLY)
EMAIL ADDRESS (REQUIRED)	SSN OR FEIN (REQUIRED)
ADDRESS (REQUIRED)	TELEPHONE NUMBER (REQUIRED)
SELECT ONE: INITIAL SET Up CHANGE OF ACCOUNT INFO DISCONTINUE ACH	

FINANCIAL INSTITUTION INFORMATION	
BANK NAME (REQUIRED)	BANK ADDRESS (REQUIRED)
BANK ACCOUNT NUMBER (REQUIRED)	BANK ROUTING NUMBER (REQUIRED)
BANK PHONE NUMBER	CONTACT NAME

AUTHORIZATION	
I authorize West Chester University of Pennsylvania and the financial institution listed above to deposit payments automatically into the checking account noted above each time a payment is made and, if necessary, to adjust or reverse a deposit for any entry made to this account in error. This authorization will remain in effect until I have cancelled it in writing and in such time as to afford West Chester University of Pennsylvania a reasonable opportunity to act upon it. I will notify West Chester University of Pennsylvania of any changes made to my checking account.	
SIGNATURE (PLEASE PRINT)	DATE:
SIGNATURE	Copy of a void check and W-9 is required



This information will be used by the West Chester University of Pennsylvania Accounts Payable Department to transmit payment data by electronic means to vendor's financial institution.