



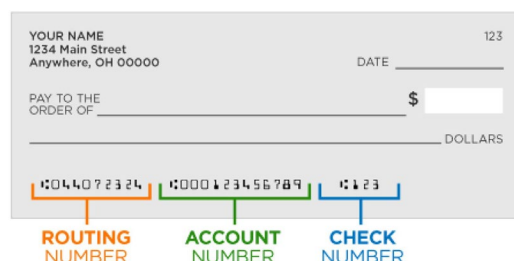
# VENDOR ACH PAYMENT ENROLLMENT FORM (Direct Deposit)

Accounts Payable Department  
West Chester University,  
201 Carter Drive  
West Chester, Pennsylvania 19383  
(610)436-2176  
fax: (610)436-2637  
[vendor@wcupa.edu](mailto:vendor@wcupa.edu)

Payee Name: {Required} <input type="text"/>	Vendor Number (WCU AP Use Only) <input type="text"/>
Email Address: {Required} <input type="text"/>	Telephone Number: {Required} <input type="text"/>
Street Address: {Required} <input type="text"/>	City, State, Zip Code <input type="text"/>
FEIN or SSN: {Required} <input type="text"/>	<p><input type="radio"/> Initial Set Up</p> <p>Select One: <input type="radio"/> Change of Account Information</p> <p><input type="radio"/> Discontinue ACH</p>

Financial Institution Information	
Bank Name: {Required} <input type="text"/>	Bank Address: {Required} <input type="text"/>
Bank Account Number: {Required} <input type="text"/>	Bank Routing Number: {Required} <input type="text"/>
Account Type {Required}: <input type="text"/>	

AUTHORIZATION	
<p>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.</p>	
Name: {Please Print} <input type="text"/>	Date: <input type="text"/>
Signature <input type="text"/>	<b>Copy of Voided Check and W-9 is Required</b>



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