

AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Payee Information:

Payee Name: _____

Payee Address: _____

Payee City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: _____

E-Mail Address:
(for remit advice) _____

Banking Information:

Bank Name: _____

Bank Address: _____

Bank City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: _____

ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking Savings

Payee's Authorization:

Please sign below to confirm that you are authorizing Millersville University to begin transferring payments for your invoices to the account mentioned above.

Signature

Title

Phone Number

Date

***Additional Verification :** Previous Bank Account #: _____

Please submit the completed form, a copy of your **Form W-9**, and a **voided check** or a letter/statement from your bank providing confirmation of your account information. Please submit to accounts.payable@millersville.edu.