



Emory ACH Payment Authorization Form

Email Form to actspay@emory.edu

Vendor Information

Vendor Name _____

Vendor Division Name _____

Vendor Address _____

Vendor Primary Contact Name _____

Vendor Primary Contact Phone _____

Vendor Primary Contact Email * _____

* Remittance information will be sent to this email address.

Banking Information

Name of Receiving Bank _____

Routing Number _____

Account Number _____

Bank Contact Name _____

Bank Contact Phone _____

Bank Contact Email _____

Vendor Authorization

We hereby authorize, with the signature below, Emory University Payment Services to deposit all payments into the above referenced account.

Vendor Authorized Signature _____

Authorized Signer's Title _____

Authorized Signer's Phone _____

Date of Signature _____

For Emory Payment Services Use Only

Emory Vendor ID (PeopleSoft) _____

Bank Information Entered on _____

Bank Information Entered by _____

Vendor Maintenance Information Verified by _____