

# Vendor ACH/Direct Deposit Authorization Form

Catholic Social Services

## 1. Please Check One:

NEW Direct Deposit \*

CHANGE Direct Deposit

CANCEL Direct Deposit

\*Form must be filled out, signed, & voided check or information form from bank attached. If any information is missing, the payment will **NOT** be processed.

## 2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

## 3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

**4. Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize Catholic Social Services Accounts Payable (AP) to electronically deposit payments to the bank account designated above. It is my responsibility to notify CSS AP (finance@cssalaska.org) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify CSS AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until CSS AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than 7 business days.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Information

Please return completed form & copy of voided check via email to: **finance@cssalaska.org**

## For Office of Accounts Payable Use Only

AP Reviewed and Approved:

Date:

## Date Stamp - Received

Submitted by:

Date: