

EFT SETUP FORM- VENDOR

Business Name:							
Business Addres	s:						
Tax ID/FIN#:							
Vendor_Request	tor Name:						
Vendor_Request	or_Title:						
Vendor_Request	tor Phone:						
Vendor_ Reques	tor Email:						
Banking Informa	ation						
Bank Name:							
Bank Address:							
Bank Routing/Al	3A Number:						
- for ACH tr	ansactions						
Bank Account No							
Name on Bank A	ccount (if different):						
Remittance ema If yes, indicate Authorization	il ? Yes No (circle) Remittance email addr	_	initiate credit trans	actions, o	debit entries	related to any cre	dit transact
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Note: This form must be accompanied by either a voided check, or account confirmation on your <u>bank's letterhead</u>.

Submit by email to: <u>treasury@udmercy.edu</u> (Recommendation: send using encrypted email)