

EFT SETUP FORM- VENDOR

Vendor/Payee Information

Business Name:	
Business Address:	
Tax ID/FIN#:	
Vendor_Requestor Name:	
Vendor_Requestor Title:	
Vendor_Requestor Phone:	
Vendor_Requestor Email:	

Banking Information

Bank Name:	
Bank Address:	
Bank Routing/ABA Number: - for ACH transactions	
Bank Account Number:	
Name on Bank Account (if different):	
Remittance email ? Yes No (circle) If yes, indicate Remittance email address	

Authorization

I hereby authorize University of Detroit Mercy to initiate credit transactions, or debit entries related to any credit transactional errors or adjustments, to the account referenced above. This authority is to remain in full force and effect until University of Detroit Mercy receives written notification to terminate this process; in such time and manner that will afford University of Detroit Mercy a reasonable opportunity to act on the change.

Signature

Title

Date

Callback Requirement

As a security feature to mitigate fraudulent activity for both parties, a callback to confirm the banking information referenced above will be conducted to a member of your company's management team, other than the requestor.

			Check One
Name	Title	Phone	
Name	Title	Phone	

University of Detroit Mercy (Internal Use Only)

Callback to – check one above	Callback conducted by:	Date and Time:	Banner Update by:	Banner ID T#:	Date:

Note: This form must be accompanied by either a **voided check**, or **account confirmation** on your **bank's letterhead**.

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