

ILLINOIS STATE UNIVERSITY
Authorization for Direct Deposits (ACH Payment)
****NOT for Payroll Direct Deposits****

Vendor/Individual Name

UID/SSN/FEIN

Address

City

State

Zip

ISU Department Affiliation (if applicable) _____

Bank Name

Routing Number (9 digits)

Choose One and provide number: _____

Checking Account#

Savings Account #

For Deposit Notification: _____

Email Address

*****Please attach a Voided Check for a Checking Account or
Deposit Slip for a Savings Account to ensure proper processing*****

NACHA Operating Rules require all payments funded internationally or sent to another country via the ACH Network to be identified as International ACH Transactions. Will our payments to you be forwarded from a U.S. financial institution to a financial institution in another country?

No _____ Yes _____

I hereby authorize Illinois State University (ISU) to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) for any erroneous credit entries made to my account with the financial institution named above for invoices properly submitted to ISU. I further understand that Illinois State University assumes no liability in accepting this authorization other than transmitting funds electronically with the above financial institution.

This authorization remains in effect until ISU has received written notification from me in such time and manner to allow ISU a reasonable amount of time to act upon it.

Written Authorized Name

Signature

Date

Please return the completed form to the Comptroller's Business Office
100 S. Fell Ave., Suite 238F at Uptown Crossing
or mail to: Illinois State University
Campus Box 1200
Normal IL 61790-1200

Questions? Please contact Brianne Larke at (309)438-0626 or balarke@ilstu.edu

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