

VENDOR ACH PAYMENT REQUEST FORM

Vendor completes this form, signs, and returns it to Finlandia's Finance Department to request direct deposit for payments. ***Incomplete Forms will not be accepted***

(Company) Name

Address

City State ZIP code

Social Security No. or Federal ID No. Email Address for EFT Notification

Please have payments automatically deposited into the following account:

Checking account number

Or

Savings/MIA/Money market account number

Your bank's routing number

Printed Name:	Title:
Authorized Signature:	Date

I authorize Finlandia University to deposit payments owed to me by the university, by electronic funds transfer into the designated financial institution and account number. I understand this authorization remains in effect until cancelled in writing by: (a) Payee or Payee's Authorized Signatory, or (b) Finlandia University and remittance detail and payment information will be transmitted directly to your financial institution via the Corporate Trade Exchange (CTX) format

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the State of Michigan's rules about electronic funds transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.