

ACH CREDIT TRANSFER SETUP FORM

This form will be used to communicate account information to Rowan University. See page 2 for directions on completing the information requested in Sections 1 through 3. E-mail completed form to Rowan University's, Accounts Payable Department, at directdeposit@rowan.edu.

Section 1 - Vendor Information	
Date:	Type of Transaction: New Authorization Change Delete
Vendor Name:	DBA:
Address:	Unit/Suite #:
	e:Zip Code:Telephone:
Remittance Email:	
Taxpayer ID Number (SSN or EI	N):
Section 2 - Bank Information	1
Bank Name:	Telephone:
Address:	
City:	State: Zip Code:
ABA Routing Number (9 Digits) Bank Account Number: Note: Some boxes can be left bla	Type of Account: Checking Savings Ink depending on the length of the bank account number.
All bank account changes will be reported Rowan University's Accounts Payable De I authorize Rowan University to initiate or entries that are determined to be in error. This authority is to remain in effect until r NOTICE: Government regulations have changeither a foreign bank or a U.S. Financial instit	epresentative of the above stated vendor and certify that: It to Rowan University's Accounts Payable Department thirty (30) days prior to actual change. Separtment must be informed of all address changes to remain qualified for ACH payments. The redit entries to our account in the financial institution identified above and also debit entries, if necessary, for all credit revoked by us in writing to Rowan University's Accounts Payable Department. The regarding the use of direct deposit. As a result, Rowan University does not offer the direct deposit of funds to return where the amount will be forwarded to a bank account in another country.
Name (Printed): Signature: Title:	E-mail: Telephone: Date:
Signature: Title: DO NOT WRITE	Telephone: Date: EBELOW THIS LINE – FOR ROWAN UNIVERSITY USE ONLY
Signature: Title: DO NOT WRITE Section 4 - AP Vendor Confir	Telephone: Date: BELOW THIS LINE – FOR ROWAN UNIVERSITY USE ONLY mation
Signature: Title: DO NOT WRITE Section 4 - AP Vendor Confir	Telephone: Date: EBELOW THIS LINE – FOR ROWAN UNIVERSITY USE ONLY
Signature: Title: DO NOT WRITE Section 4 - AP Vendor Confir AP Staff Name:	Telephone: Date: BELOW THIS LINE – FOR ROWAN UNIVERSITY USE ONLY mation

Revised: 1-1-2024



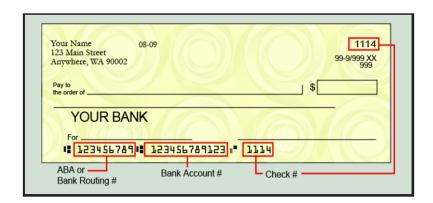
Instructions for Completing the ACH Credit Transfer Setup Form

Section 1 - Vendor Information

- 1. Today's date.
- 2. Select the type of Banking (ACH) transaction:
 - a. New Authorization
 - b. Change Existing Authorization
 - c. Delete (Terminate Direct Deposit)
- 3. Enter the vendor's complete name and address.
- 4. Enter the vendor's telephone number.
- 5. Enter remittance email for the payment advice.
- 6. Enter the Taxpayer Identification Number (TIN) of your company. For individuals, this is generally your social security number (SSN). For other entities, it is your employer identification number (EIN).

Section 2 – Banking Information

- 1. Enter the bank's name and address.
- 2. Enter the bank's telephone number.
- 3. Enter the bank's American Bankers Association (ABA) routing number.
- 4. Select the appropriate account type to disburse the direct deposit:
 - a. Checking
 - b. Savings
- 5. Enter the bank account number. If the account number is less than the 17 boxes provided, begin at the left margin and leave unused boxes blank. See sample below:



Section 3 – Acknowledgement & Consent

- 1. Read acknowledgement and consent.
- 2. Enter name and signature of the financial officer authorized to conduct banking transactions.
- 3. Enter your title, email, telephone and date as appropriate.

Note: Send form electronically via email to <u>directdeposit@rowan.edu</u>.

If you have any questions, contact Rowan University's Accounts Payable Department at (856) 256-4115 or email directdeposit@rowan.edu.