



ACCOUNTS PAYABLE VENDOR ACH AUTHORIZATION FORM

Vendor Information

Vendor ID: _____ (Internal Use Only)
 Vendor Name (Hereto after known as Payee): _____
 Date: _____ Federal Tax ID: _____
 Phone No: _____ Email Address for Remittance Advice: _____
 New Setup Change Information Cancel ACH Enrollment

ACH Authorization Agreement

The Payee hereby authorizes **Washtenaw Community College** to initiate automatic deposits directly to the account at the financial institution named below. The Payee also authorizes **Washtenaw Community College** to make withdrawals from this account in the event that a credit entry is made in error.

Further, the Payee agrees not to hold **Washtenaw Community College** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by the Payee or the Payee's financial institution or due to an error on the part of the Payee's financial institution in depositing funds to the account named below.

I also understand that **it is the Payee's responsibility** to check the account the next business day after receiving the payment advice to ensure the account named below was properly credited.

This agreement will remain in effect until **Washtenaw Community College** receives a written notice of cancellation from the Payee or the Payee's financial institution, or until the Payee submits a new direct deposit form to the Accounts Payable Department.

There have been recent changes to the payment system rules for direct deposit based on guidelines issued by the U.S. Office of Foreign Asset Control. Under the new regulations, if you are forwarding 100% of your direct deposit payment to a foreign financial institution, WCC must meet specific reporting requirements when sending your direct deposit. This regulation will not impact the amount of your payment. Please contact Accounts Payable via phone at 734.973.3512 or by email at accountspayable@wccnet.edu with any questions.

Please place a check mark in the box below If you are not transferring 100% of your direct deposit payment to a foreign financial institution. You will not be impacted by this new regulation.

I am not forwarding 100% of my direct deposit payment outside the United States.

Financial Institution Information

Name of Financial Institution: _____
 Routing Number: _____
 Account Number: _____
 Account Type: Checking Savings Other > Please Describe: _____

Signature

Authorized Signature: _____ Date: _____
 Printed Name of Above Signatory: _____

Please Attach: Voided check or bank account verification letter