**Procurement and Payment Services**

**Print Form**

Emory ACH Payment Authorization Form

Email Form to [actspay@emory.edu](mailto:actspay@emory.edu)

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Vendor Information

Vendor Name

Vendor Division Name Vendor Address

Vendor Primary Contact Name Vendor Primary Contact Phone

Vendor Primary Contact Email \*

\* Remittance information will be sent to this email address.

Banking Information

Name of Receiving Bank Routing Number Account Number

Bank Contact Name Bank Contact Phone Bank Contact Email

Vendor Authorization

We hereby authorize, with the signature below, Emory University Payment Services to deposit all payments into the above referenced account.

Vendor Authorized Signature Authorized Signer's Title Authorized Signer's Phone Date of Signature

For Emory Payment Services Use Only

Emory Vendor ID (PeopleSoft) Bank Information Entered on Bank Information Entered by

Vendor Maintenance Information Verified by

Form: ACH\_10.09.bk.V.4