



South Carolina State University

Vendor ACH Payment Enrollment Authorization

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (INSTRUCTIONS ON PAGE 2)

DESCRIPTION: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL		
TAXPAYER ID TYPE (CHECK ONE) <input type="checkbox"/> 1 = FEIN <input type="checkbox"/> 2 = SSN		TAXPAYER ID NUMBER
VENDOR NAME		LEGAL NAME OF ENTITY OR INDIVIDUAL
ADDRESS		PHONE
CITY	STATE	ZIP CODE

SECTION B: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME		
FINANCIAL INSTITUTION ADDRESS		FINANCIAL INSTITUTION PHONE
CITY	STATE	ZIP CODE
EXACT DEPOSITOR ACCOUNT NAME		
DEPOSITOR ROUTING NUMBER (NINE-DIGITS)		
DEPOSITOR ACCOUNT NUMBER		
DEPOSITOR ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING		E-MAIL ADDRESS REQUIRED FOR REMITTANCE NOTIFICATION

SECTION C: FINANCIAL INSTITUTION CERTIFICATION

I Certify that the above Depositor Routing Number and Depositor Account Number to be true and accurate for this vendor.

AUTHORIZED SIGNATURE	PRINT NAME	TITLE	DATE
BRANCH LOCATION	PHONE NUMBER	ATTACH BUSINESS CARD IF AVAILABLE	

SECTION D: VENDOR AUTHORIZATION

I (we) hereby authorize South Carolina State University, to initiate credit entries to my (our) account indicated above at the depository financial Institution named above, and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and in effect until South Carolina State University's Accounts Payable Department has received written notification from an Authorized Account Holder of its termination in such manner as to afford South Carolina State University and their Financial Institution a reasonable opportunity to act on it.

I (we) hereby cancel my/our ACH authorization.

AUTHORIZED VENDOR SIGNATURE	PRINT NAME	TITLE	DATE
SECOND AUTHORIZED SIGNATURE (IF REQUIRED)	PRINT NAME	TITLE	DATE

Please Mail the Original signed form to the following address: South Carolina State University – Post Office Box 7025 -300 College Street N.E. Orangeburg, South Carolina 29117

ENTERED _____ Initials Date	VERIFIED _____ Initials Date
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South Carolina State University

Vendor ACH Payment Enrollment Authorization

For Office Use Only

VENDOR ACH APPLICATION INSTRUCTIONS
Fill in the appropriate boxes as described below
SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR
<p>DESCRIPTION Check the appropriate box for this submission</p> <p>TAXPAYER ID TYPE Check 1 if your taxpayer ID is a Federal Employers Identification number (FEIN) or 2 if your taxpayer ID is a Social Security Number (SSN)</p> <p>TAXPAYER ID NUMBER Enter the FEIN or SSN associated with the legal name of the entity or individual</p> <p>VENDOR NAME Enter the name of the entity or individual: Individual – Enter your name (Last Name, First Name and Middle Initial) Sole Proprietor – Enter name of Business Corporation – Enter your Doing Business As (DBA) name Other – Enter your entity’s name</p> <p>LEGAL ENTITY NAME Enter Legal Name of Entity or Individual as filed with the IRS: Individual – Enter your name (Last Name, First Name and Middle Initial) Sole Proprietor – Enter owner’s name (Last Name, First Name, and Middle Initial) Corporation – Enter your name as it appears on the charter or other legal document creating it and as filed with the IRS Other – Enter your entity’s name as filed with the IRS</p> <p>ADDRESS Enter your mailing address</p> <p>TELEPHONE NUMBER Enter your telephone number with area code</p> <p>CITY, STATE, ZIP, CODE Enter your City, State, and Zip Code for the Street Address</p>
SECTION B: TO BE COMPLETED BY SUBMITTING VENDOR
<p>FINANCIAL INSTITUTION NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER Enter information provided to you by your bank</p> <p>EXACT DEPOSITOR ACCOUNT NAME Enter the exact name that is on the Depositor Account</p> <p>DEPOSITOR ROUTING NUMBER Enter your financial Institution’s nine-digit routing number</p> <p>DEPOSITOR ACCOUNT NUMBER Enter your account number</p> <p>DEPOSITOR ACCOUNT TYPE Please select type of account (savings or checking)</p> <p>E-MAIL ADDRESS Enter the e-mail address where a Remittance Notification can be sent to</p>
SECTION C: FINANCIAL INSTITUTION CERTIFICATION
<p>Financial Institution Certification Application must be signed by a representative of your bank after bank information is verified NOTE: If this section of the application is not completed the application will be returned and not processed</p>
SECTION D: VENDOR AUTHORIZATION
<p>Vendor Authorization Must be signed by an authorized representative(s) before application can be processed</p>
MAILING INSTRUCTIONS
Mail the completed application to South Carolina State University, Accounts Payable, Post Office Box 7025, 300 College Street NE, Orangeburg, SC 29117. For questions or concerns please call (803) 536-8766 or (803) 536-8917.
GENERAL INSTRUCTIONS
<p>If the applicable sections for this application are not completed, the application will not be processed by South Carolina State University’s Accounts Payable Department and will be returned via mail. ACH Transactions will be effective approximately one month after the application has been received and approved.</p> <p>Changing Financial Institution or Depositor Account (within the same Financial Institution) – All deposits will continue to be deposited into your present account until South Carolina State University’s Accounts Payable Department has been notified that you have changed your banking information. At which time you will need to submit a new Vendor ACH Application making sure to check the appropriate “CHANGE” box at the top of the form, and completing the applicable fields on this form.</p> <p>NOTE: Failure to obtain the Financial Institution Certification may result in delayed payments to vendor. Do not close an old account until the first transaction has been deposited into your new account.</p>