



AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information:

Vendor Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: (____) _____

E-Mail Address: _____

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: (____) _____

ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking Savings

Vendor's Authorization:

Please sign below to confirm that you are authorizing Steven's Institute of Technology to begin transferring payments for your invoices to the account mentioned above.

Signature

Title

(____) _____

Phone Number

Date

***Additional Verification:** Previous Bank Account # (if applicable): _____

Please scan and attach the completed form to aijalana@stevens.edu.