VENDOR ACH AUTHORIZATION FORM

CURRENT VENDOR INFORMATION - FOR NEW ACH SET UP, SKIP TO NEW INFOMRATION SECTION

Name _____ Last 4 digits of SSN/Fed Tax ID _____ Phone _____

Address _____ Bank Name _____

City _____ ST _____ ZIP _____ Bank Routing# _____ Last 4 digits of Bank Acct# _____

NEW VENDOR INFORMATION

Name _____ Bank Name _____

Address _____ New Bank Routing# _____ New Bank Acct# _____

City _____ ST _____ ZIP _____ ◯ Checking ◯ Savings

Phone _____ Email Address for Payment Information _____

CONTACT INFORMATION

I certify that I am authorized to provide this banking information on behalf of the company identified above. I authorize Western Michigan University to electronically deposit payments into the account identified on this form. I understand that Western Michigan University may verify receipt of the first ACH and this authorization will remain in effect until revoked in writing and accepted by the University.

Name: _____ Phone: _____ Date: _____

Signature: _____ Email: _____

Comments:

For your protection and ours, Western Michigan University independently verifies all requests to establish or change vendor banking information. Verification will be completed using contact information already maintained in the University's records or obtained from publicly available sources. Contact information provided within the request may not be used for verification. Processing may take 3–5 business days.

Please submit this form along with a letter on company letterhead including your banking information to acctspay-dept@wmich.edu

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WMU AP Department use only:

Verified By _____ Verified With _____

Verification Date _____ Title _____

Phone # Used _____ Contact Info Obtained By _____

updated 7/16/26