

Vendor ACH Enrollment Form Electronic Funds Transfer (EFT)

(All fields **must** be completed - Incomplete forms will not be entered)

Vendor Name:	NCSU Vendor # (Leave Blank if Unknown):
Contact Name:	Email Address (Payment Notification):
Address:	Contact Phone:
Bank Name:	
Bank Account Type:	
CHECKING Bank <u>Routing</u> Number (9 Digits):	
CHECKING Bank <u>Account</u> Number (Include leading zeros):	
Attach a CHECK marked “ VOID ,” with preprinted name & current address or an official BANK FORM , certified & stamped by a banking official, which provides bank account number and routing number.	
<p>PLEASE NOTE: <i>NCSU will transmit your payment electronically based on the information you have provided. If the transmission fails because you have given us incorrect or outdated information, NC State University can only provide a replacement payment AFTER the University has received a refund from the financial institution. It is important that you provide correct account & bank routing numbers – and that you notify the Controller’s Office immediately if you change banks or account numbers. NC State University has the right to retract & correct payments as necessary.</i></p>	
<p>IAT (International ACH Transactions) Payee Statement: <i>I acknowledge that ACH electronic payments to the designated financial institution account must comply with the provisions of U.S. Law, as well as the requirements of the U.S. Office of Foreign Assets Control (OFAC).</i></p> <p><i>I affirm that ACH electronic payments originated by NC State University to the credit of our designated financial institution account are not subject to being subsequently transferred to a foreign bank account or, if subject to being transferred to a foreign bank account, it is not the full amount of the originated ACH electronic payment amount.</i></p>	
<i>I affirm the above IAT Payee Statement is correct and authorize NC State University to initiate ACH credit deposit entries to the above designated bank account identified on this form.</i>	
Signature of person completing the form:	Date:
Printed name of person completing the form:	Date:
Title:	Phone:

Please mail or fax the completed form to:
NC State University - Vendor Processing
Campus Box 7204
Raleigh, NC 27695
Fax (919) 515-1847