



OFFICE OF THE CONTROLLER, 10/158
Stacey Semmel CPA, CBM
Asst. VP For Financial Affairs & University Controller
777 Glades Road, Boca Raton, FL 33431
tel: 561.297.3102 • fax: 561.297.2445
ssemmel@fau.edu • www.fau.edu

Vendor ACH Payments

Florida Atlantic University is pleased to offer the ACH Vendor Payment system. We are working to provide you with more efficient processing of payments.

Benefits to you:

1. The ACH Payments are processed conveniently and accurately via electronic funds transfer
2. You will receive an electronic remittance advice with the same detailed information as on a check stub
3. Accelerated funds availability
4. Certainty of delivery (no more lost or stolen checks)

Requirements:

To receive ACH remittances please contact your bank to ensure they can process ACH credit transactions.

Enrollment:

To sign up for ACH remittances, all you need to do is complete and return the enclosed ACH Credit Authorization Form. Simply mail the form to us at:

Florida Atlantic University
Controller's Office
777 Glades Road
Administration Building 10/Room 157
Boca Raton, FL 33431

Note:

We encourage the inclusion of a voided check or Bank Letter, so that the accuracy of routing information being entered may be more precisely verified. This step is not mandatory for enrollment.



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ACH ENROLLMENT FORM
Authorization Form for Electronic Funds Transfer

Enrollment Type: New [] Remove [] Change []

Date Effective: _____

VENDOR INFORMATION

Vendor Name _____

Vendor Z Number _____
(If unknown leave blank)

Federal Tax ID _____
(As per IRS Publication 1099-MISC and State Statute 119.071 (5)- Other Personal Information,
your FEID or social security number is being requested to search and verify against IRS records)

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution _____

Account Title _____

ABA Number _____
(Routing number on left bottom of your check)

Account Number _____

Checking _____ Savings _____

VENDOR CONTACT INFORMATION

ACH Contact Person _____

Address _____

Phone Number _____

Email address for remittance advice _____

AUTHORIZATION STATEMENT

I hereby authorize the contact person listed on this form and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic vendor payments. If signed by a corporate officer, partner or fiduciary on behalf of the vendor, I certify I have the authority to execute this authorization on behalf of the vendor. This authorization is to remain in full force until Florida Atlantic University has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

Signature and Title of Authorized Official Date
