



ACCOUNTS PAYABLE

ACH CREDIT TRANSFER SETUP FORM

This form will be used to communicate account information to Rowan University. See page 2 for directions on completing the information requested in Sections 1 through 3. E-mail completed form to Rowan University's, Accounts Payable Department, at directdeposit@rowan.edu.

Section 1 - Vendor Information

Date: _____ Type of Transaction: ☐ New Authorization ☐ Change ☐ Delete
Vendor Name: _____ DBA: _____
Address: _____ Unit/Suite #: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Remittance Email: _____
Taxpayer ID Number (SSN or EIN):

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Section 2 - Bank Information

Bank Name: _____ Telephone : _____
Address: _____
City: _____ State: _____ Zip Code: _____
ABA Routing Number (9 Digits):

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 Type of Account: ☐ Checking
Bank Account Number:

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☐ Savings

Section 3 – Acknowledgement & Consent

I certify that I am an authorized representative of the above stated vendor and certify that:

- All bank account changes will be reported to Rowan University's Accounts Payable Department thirty (30) days prior to actual change.
- Rowan University's Accounts Payable Department must be informed of all address changes to remain qualified for ACH payments.
- I authorize Rowan University to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for all credit entries that are determined to be in error.
- This authority is to remain in effect until revoked by us in writing to Rowan University's Accounts Payable Department.

NOTICE: Government regulations have changed regarding the use of direct deposit. As a result, Rowan University does not offer the direct deposit of funds to either a foreign bank or a U.S. Financial institution where the amount will be forwarded to a bank account in another country.

Name (Printed): _____ E-mail: _____
Signature: _____ Telephone: _____
Title: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR ROWAN UNIVERSITY USE ONLY

Section 4 - AP Vendor Confirmation

AP Staff Name: _____ Approver: _____
Date/Time: _____ Telephone: _____ Contact: _____ Vendor Banner ID: _____
Direct Deposit Setup
Received Date: _____ Setup Date: _____ AP Staff Name: _____

Instructions for Completing the ACH Credit Transfer Setup Form

Section 1 - Vendor Information

1. Today's date.
2. Select the type of Banking (ACH) transaction:
 - a. New Authorization
 - b. Change Existing Authorization
 - c. Delete (Terminate Direct Deposit)
3. Enter the vendor's complete name and address.
4. Enter the vendor's telephone number.
5. Enter remittance email for the payment advice.
6. Enter the Taxpayer Identification Number (TIN) of your company. For individuals, this is generally your social security number (SSN). For other entities, it is your employer identification number (EIN).

Section 2 – Banking Information

1. Enter the bank's name and address.
2. Enter the bank's telephone number.
3. Enter the bank's American Bankers Association (ABA) routing number.
4. Select the appropriate account type to disburse the direct deposit:
 - a. Checking
 - b. Savings
5. Enter the bank account number. If the account number is less than the 17 boxes provided, begin at the left margin and leave unused boxes blank. See sample below:

The image shows a sample ACH Credit Transfer Setup Form. The form is divided into several sections. At the top left, there is a section for 'Your Name' and 'Address' with the example '123 Main Street, Anywhere, WA 90002'. To the right of this is a date field '08-09'. Below the address is a 'Pay to the order of' field. To the right of this is a 'Check #' field with the example '1114'. Below the 'Pay to the order of' field is a section for 'YOUR BANK'. Below 'YOUR BANK' is a 'For' field. Below the 'For' field is a section for 'ABA or Bank Routing #' with the example '123456789'. To the right of this is a 'Bank Account #' field with the example '123456789123'. To the right of the 'Bank Account #' field is a 'Check #' field with the example '1114'. Red boxes highlight the 'Check #' field at the top right, the 'ABA or Bank Routing #' field, the 'Bank Account #' field, and the 'Check #' field at the bottom right. Red lines connect these fields to their respective labels at the bottom of the form.

Section 3 – Acknowledgement & Consent

1. Read acknowledgement and consent.
2. Enter name and signature of the financial officer authorized to conduct banking transactions.
3. Enter your title, email, telephone and date as appropriate.

Note: Send form electronically via email to directdeposit@rowan.edu.

If you have any questions, contact Rowan University's Accounts Payable Department at (856) 256-4115 or email directdeposit@rowan.edu.