



**BALL STATE
UNIVERSITY**
Office of Accounts Payable

ACH Authorization Form

Vendor Information

Vendor Name:

Vendor Address (including city and State):

Name/Title of A/R Contact:

Phone Number:

E-Mail Address (where ACH remittance advices will be sent):

Banking Information

Financial Institution Name:

Financial Institution Address:

Bank Routing Number:

Bank Account Number:

Type of Account:

Checking

Savings

I hereby authorize Ball State University to initiate electronic credit entries, necessary debit entries, adjustments, or to correct any deposit errors to the bank account indicated above.

This authority is to remain in full force and effect until Ball State University has received written notification of its termination by an authorized officer of the above in such time and in such manner as to afford Ball State University and the financial institution named above a reasonable opportunity to act on it.

Submitted By:

Title:

Signature:

Date:

Please return the completed form by e-mail, fax, or mail:

Ball State University
Office of Accounts Payable AD G04
Muncie, IN 47306
Phone: 765-285-1327
Fax: 765-285-1947
E-Mail: ap@bsu.edu