



**ACH Enrollment Form**  
Electronic Funds Transfer Authorization

New Request  
(Not available to individuals)

Account Change

Cancel

PAYEE/COMPANY INFORMATION		
<b>1</b>	NAME	
	ADDRESS	
	CITY, STATE, and ZIP+4 CODE	
	A/R CONTACT NAME	A/R CONTACT PHONE
	BUSINESS EMAIL ADDRESS (for payment notification)	EMPLOYER ID NO (EIN)      DUNS NUMBER
FINANCIAL INSTITUTION INFORMATION (MUST BE A BUSINESS ACCOUNT)		
<b>2</b>	DEPOSITORY INSTITUTION NAME	
	ADDRESS	
	CITY, STATE, and ZIP+4 CODE	
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACH FORMAT <input type="checkbox"/> CTX <input type="checkbox"/> CCD (skip to section 4)
FOR CTX ONLY		
<b>3</b>	Please note the option for electronic payment using CTX format requires initial testing to validate the payment file. It is critical to provide the information below. The EDI Implementation Guide will be sent to the IT/EDI contact.	
	IT/EDI CONTACT NAME	IT/EDI CONTACT EMAIL      IT/EDI CONTACT PHONE

**IMPORTANT NOTE: The person signing the Authorization must be a designated officer from the Finance Department and a person other than the contact listed above.**

AUTHORIZATION	
<b>4</b>	I hereby authorize the University of California San Francisco (UCSF) to initiate electronic transfer of funds to the account stated above using the National Automated Clearing House (NACHA) Cash Concentration or Disbursement (CCD) or Corporate Trade Exchange (CTX) for settlement of invoices. If funds to which I, or the company I represent, am not entitled are deposited in the account stated above, I authorize the University to initiate a correcting (debit) entry. This authorization will remain in effect until UCSF receives written notification of its termination. I understand payment details will be sent to the business email address provided above (applies to CCD only).
	SIGNATURE      DATE
	PRINT NAME      TITLE

**\*\*\* PLEASE ATTACH A VOIDED CHECK TO CONFIRM ACCOUNT INFORMATION \*\*\***

SUBMIT FORM AND VOIDED CHECK TO ANY ONE OF THE FOLLOWING	
<b>5</b>	EMAIL (preferred): <a href="mailto:vendors@ucsf.edu">vendors@ucsf.edu</a>
	MAIL: UCSF Supply Chain Management C/O Supplier Registration 1855 Folsom St Ste 304 San Francisco, CA 94143-0910