



**ACH Enrollment Form**  
Electronic Funds Transfer Authorization

- New Request *(Not available to individuals. Business bank account required.)*
- Account Change

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)
PREVIOUS BANKING INFORMATION (REQUIRED IF REQUESTING AN ACCOUNT CHANGE)		
<b>2</b>	DEPOSITORY INSTITUTION NAME	
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
NEW BANKING INFORMATION		
<b>3</b>	DEPOSITORY INSTITUTION NAME	
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

**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) 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.	
	SIGNATURE	DATE
	PRINT NAME	TITLE

**\*\*\*ATTACH A VOIDED CHECK OR BANK VERIFICATION LETTER TO CONFIRM ACCOUNT INFORMATION\*\*\***

**SUBMIT COMPLETED FORM AND VOIDED CHECK OR BANK LETTER TO [VENDORS@UCSF.EDU](mailto:VENDORS@UCSF.EDU)**