

MIDDLE TENNESSEE STATE UNIVERSITY

ACH Payment Enrollment Authorization

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Check one: <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Vendor	Check one: <input type="checkbox"/> Direct Deposit for the first time <input type="checkbox"/> Direct Deposit change
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PAYEE/COMPANY INFORMATION

NAME:	SSN NO. OR TAXPAYER ID NO: (TIN)
ADDRESS:	
CONTACT PERSON NAME (if other than payee)	TELEPHONE NUMBER: ()
EMAIL ADDRESS: (official MTSU email address will be used for faculty/staff and students)	FAX NUMBER: ()

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: ()
EXACT DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
NINE-DIGIT ROUTING TRANSIT NUMBER:	
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
TYPE OF ACCOUNT:	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
I certify that the information provided on this form is correct. I authorize Middle Tennessee State University to direct payments to the financial institution designated above and to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all payments issued to the above-named payee by Middle Tennessee State University under the designated TIN or SSN.	
SIGNATURE:	DATE:

****Please attach a voided check or deposit slip here****

Please complete and return this form to the following address:

Middle Tennessee State University
 Accounts Payable
 1301 East Main Street
 Murfreesboro, TN 37132

Entered	_____	_____
	Initials	Date
Verified	_____	_____
	Initials	Date