



ACH VENDOR AUTHORIZATION PAYMENT FORM

This form is used for authorizing Automated Clearing House (ACH) transactions from Towson University Foundation, Inc. (TUF) in payment of approved vendor invoices. The information being collected on this form will be used by TUF to transmit payment data, by electronic means, to a vendor’s financial institution. Failure to provide the requested information may delay or prevent the receipt of funds through the ACH Payment System. Recipients of the payments should bring this information to the attention of their financial institution when presenting this form for completion. **Recipients should also request their bank to notify them immediately regarding any changes occurring at their financial institution that may delay or prevent the receipt of scheduled payments.** Please complete and return this form via our secure drop box link <https://fds.towson.edu/filedrop/TUFoundation> or by mail: 8000 York Road, Admin #316, Towson, MD 21252.

VENDOR INFORMATION

Entity Name (as listed on line 1 of Form W9) _____

Tax ID (EIN)

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Physical Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Contact Phone Number (____) _____

Email Address _____

I, the undersigned, authorize Towson University Foundation, Inc. to deposit funds directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named below to post these transactions to that account. This authorization will remain in force until TUF receives written notice of cancellation from me and the TUF has reasonable time to act upon it.

AUTHORIZED SIGNATURE **PRINT NAME** **TITLE**

BANK INFORMATION

Bank Name _____

Bank Street Address _____

Bank City _____ State _____ Zip Code _____

(9) Digit Routing (ABA) Number

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Account Title _____

Account Number _____

Account Type (check one): Checking Savings