



Indiana University Health

Vendor Authorization Agreement for Direct Deposit (ACH Credits) of Accounts Payable Disbursements

New Authorization Update Existing Authorization Cancel Authorization

Vendor Name	Federal Tax ID Number(s)		
Bank Account Name (if different than vendor name)	Vendor Email Contact Address		
Contact Name	Phone Number		
Vendor Address	City	State	ZIP

Financial Institution Name	Contact Phone Number at Financial Institution		
Financial Institution Address	City	State	ZIP
Routing Number	Bank Account Number		

Type of Account: Checking Savings

Please enclose a voided check or bank confirmation of account and routing numbers.

Addendum information will be provided in the form of an email remittance notification for each payment paid.

Would you like an email remittance notification? Yes Email Remittance Address
No

I certify that the information I provided is correct and that I am an authorized signer or designate of the account provided for the direct deposit transactions and am entitled to provide this authorization. This authorization is to remain in effect until Indiana University Health has received written notification from (us) of its termination in such time and manner as to afford Indiana University Health and the depository financial institution a reasonable opportunity to act on it.

IMPORTANT NOTICE ABOUT INTERNATIONAL ACH/DIRECT DEPOSIT Funds electronically deposited via Automated Clearing House (ACH) in a U.S. bank and then forwarded to a non-U.S. bank are required to include additional information that is not currently being collected. Until this additional information can be obtained, payments of this nature must be paid by paper check or will be rejected by the ACH network. If you currently forward, or in the future plan to forward, ACH payments to a non-U.S. bank; steps should IMMEDIATELY be taken to inactivate or change your direct deposit information currently on file with Indiana University Health. YOU NEED NOT TAKE ANY ACTION IF YOU DO NOT AND WILL NOT FORWARD ACH PAYMENTS TO A NON-U.S. BANK.

Check here if you plan to forward your ACH to a non-US bank:

Failure to take action will result in your bank rejecting your international deposit and returning the funds to Indiana University Health. IU Health is not responsible for international ACH transactions that are rejected and/or delayed due to missing information.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. Law.

Signature _____ Date _____

Printed Name _____ Title _____