



For Accounting Use Only Vendor ID# _____

ACH – DIRECT DEPOSIT REQUEST FORM – ACCOUNTS PAYABLE

Vendor Information:

Vendor Name: _____

Remittance Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____

Email Address: _____

(ACH Deposit notifications will be sent to this Email address)

Banking Information:

Vendor's Bank Name: _____

ABA/ Routing Number: _____

Account Name: _____

Account Type: Checking _____ Savings _____

Account Number: _____

Vendor's Authorization:

Please sign below to confirm that you are authorizing Molloy College to begin depositing payments for your invoices into the accounts indicated above.

Signature

Date

Print Name

Title

Phone No.

Please submit this form to Donna Ferrara at via mail (USPS) to 1000 Hempstead Ave.
K-114 Rockville Centre, NY 11571 or fax to (516) 323-3066.