

UNIVERSITY OF NORTHERN IOWA VENDOR DIRECT DEPOSIT PAYMENT PROGRAM

The University of Northern Iowa invites all vendors to participate in the University's Vendor Direct Deposit Payment Program. This program utilizes ACH (Automated Clearing House) payments to provide a timely, accurate and convenient method of depositing funds owed to vendors. Instead of using paper to carry necessary transaction information, (like a check), ACH transactions are transmitted electronically between financial institutions. Because ACH is electronic, transactions are processed faster than paper checks which must be handled manually. A remittance email is sent to address provided below at the time payment is initiated to notify you of the impending deposit. Utilizing ACH payment processing is more efficient for your business, the University and better for the environment.

Please include a copy of a voided check (not a deposit slip) to the top of this form to ensure accurate processing.

Once the form is completed please send back to the University either through U.S. mail or it can be faxed. For your security, forms received through email cannot be accepted and must still be sent through mail or by fax.

**University of Northern Iowa
Supplier Entry Team
103 Gilchrist Hall
Cedar Falls, Iowa 50614-0008
Fax: (319) 273-3009**

Questions should be directed to payables@uni.edu or (319) 273-2162

Vendor Name _____ UNI Supplier # _____
(if known)

DBA (if Applicable) _____ Federal ID # (FEIN) _____

Address _____ City _____ State _____

AGREEMENT: I hereby authorize and request the University of Northern Iowa to initiate credit entries and, if necessary a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by: a) written authorization to the University, or b) my death or legal incapacity, or c) the financial institution, or d) the University.

Please read and complete carefully. Print clearly or type.

Financial Institution (bank, credit union, etc) _____

City _____ State _____ Zip _____

Bank Routing # _____ Account # _____

Account Type: Checking Savings

Phone Number (for use only for notification of banking errors): _____

Email Address (for payment notification): _____

Signature _____ (REQUIRED) Date _____