EFT SETUP FORM- VENDOR PAYMENT

Vendor/Payee Information

Name:	
Business Address:	
Tax ID/FIN#:	
Requestor Name:	
Requestor Title:	
Requestor Phone:	
Requestor Email:	

Banking Information

Bank Name:	
Bank Address:	
Bank Routing/ABA Number: - for ACH transactions	
Bank Account Number:	
Name on Bank Account (if different):	

Authorization

I hereby authorize University of Detroit Mercy to initiate credit transactions, or debit entries related to any credit transactional errors or adjustments, to the account referenced above. This authority is to remain in full force and effect until University of Detroit Mercy receives written notification to terminate this process; in such time and manner that will afford University of Detroit Mercy a reasonable opportunity to act on the change.

_____   _____   _____

Signature   Title   Date

Callback Requirement

As a security feature to mitigate fraudulent activity for both parties, a callback to confirm the banking information referenced above will be conducted to a member of your company's management team, other than the requestor.

			Check One
Name	Title	Phone	
Name	Title	Phone	

University of Detroit Mercy (Internal Use Only)

Callback to check one above	Callback conducted by:	Date and Time:	Banner Update by:	Banner ID T#:	Date:

Note: This form must be accompanied by either a voided check, or account confirmation on your bank's letterhead.
        Submit by email to: wilsonkm6@udmercy.edu   (Ideally by encrypted email)