KENT STATE UNIVERSITY

Accounts Payable Direct Deposit Enrollment Form

Submit completed form to:

Kent State University
Accounts Payable
PO Box 5190
Kent OH 44242-0001
or
payments@kent.edu

Vendors are encouraged to use encryption when submitting this form via email.

- ☐ Initial Authorization - COMPLETE SECTIONS A, B, and C. Incomplete forms will not be processed
- ☐ Change in Vendor Contact Information - COMPLETE SECTIONS A, B, and D. Previous information must be provided for verification purposes. Incomplete forms will not be processed.
- ☐ Change in Financial Institution Information - COMPLETE SECTIONS A, C, and E. Previous information must be provided for verification purposes. Incomplete forms will not be processed.

Section A

Vendor Information

Name: _____

Address: _____

_____

_____
City State Zip

FEIN/TIN/SSN: _____

Section B

Vendor Contact Information

(This is the person to whom KSU direct deposit inquiries and notices of payment will be sent.)

Contact name: _____

Contact title: _____

Contact phone: _____

Contact email: _____

Section C

Financial Institution Information

(This is the routing number and account to which future direct deposits will be sent.)

Name: _____

Address: _____

_____

_____
City State Zip

Name on acct.: _____

Routing no.: _____

Account no.: _____

Check one: ☐ Checking ☐ Savings

Contact name: _____ Contact phone: _____

Section D

Previous Vendor Contact Information

(This is the person to whom previous KSU direct deposit inquiries and notices of payment were sent.)

Contact name: _____

Contact title: _____

Contact phone: _____

Contact email: _____

Section E

Previous Financial Institution Information

(This is the routing number and account to which past KSU direct deposits have been sent.)

Name on acct.: _____

Routing no.: _____

Account no.: _____

Check one: ☐ Checking ☐ Savings

This is an agreement between Kent State University (hereinafter referred to as "KSU") and the vendor/individual as indicated above (hereinafter referred to as "Correspondent"). The Correspondent agrees to accept debit/credit entries of Purchase Order/Invoice payments by KSU through electronic funds transfer and that KSU can rely exclusively on the information you supplied on the enrollment form. This applies to and amends all existing agreements with KSU by incorporating the following terms and conditions for electronic debits/credits.

KSU will initiate debit/credit entries to you based on the following:

- The electronic funds transfer transaction will be forwarded in a PPD or CTX file with addenda information to the financial institution and account number on this authorization form.
- KSU will make debit entries in accordance with and be governed by the NACHA's payment rules.
- You understand that any change in the information supplied on this form must be communicated to KSU by an authorized representative of the Correspondent in writing to Accounts Payable in time to allow KSU to respond to this change. KSU will be considered harmless for any loss which may arise solely by reason of error, mistake or fraud regarding this information.
- Debits are initiated within the normal terms of our commercial agreement with you. Our EFT terms and conditions neither enlarges nor diminishes the respective rights and obligations of us within any applicable commercial agreement. KSU will consider payment made when your financial institution has received and posted the payment.
- KSU has the right to make adjustments if debits previously made are found to be duplicate, in excess of requirements, fraudulent, or in error.
- KSU is responsible for making all entries within this Agreement. KSU is responsible up to the point when your financial institution receives or has control of the transaction.
- Termination of this Agreement must be made by written notification to Accounts Payable, 237 Schwartz Center, Kent, OH 44242-0001.
- KSU maintains the right to terminate, suspend or amend the Electronic Payment Program in whole or in part at any time. Written notice will be sent to the address provided on this authorization form.

Signature of individual or duly authorized company official: _____

Printed name and title: _____

Date: _____