



Direct Deposit Banking Information

Vendor Name: _____

Name of Financial Institution: _____

City & State of Financial Institution: _____

Financial Institution Phone #: _____

Name on Account: _____

ACH Routing & Transit: _____

Account Number: _____

Please Circle: *Checking Account* or *Savings Account*

Business Contact for Banking Transactions

I _____, hereby certify that I am authorized to disclose the above information. I hereby authorize Ferris State University to start crediting our account at the financial institution listed above for the purpose of payment for the goods and services provided.

 Signature

 Date

I understand that if our account at the financial institution listed above changes or is closed, we must inform Ferris State University in writing. Ferris State University is unable to process payments on rejected monies until funds are returned through the banking system.

Contact Name: _____

Phone Number: _____

Email Address to Receive Deposit Confirmation: _____

****Please be sure the email address listed above is appropriate for receiving deposit confirmations****

**This form should be returned to the address listed below:

Purchasing Office
 420 Oak ST, PRK 250
 Big Rapids, MI 49307-2020

Phone: (231)591-2165
 Fax: (231)591-3902

Purchasing Office Use	
Vendor ID:	_____
Updated By:	_____
Accounts Payable Office Use	
Date Entered:	_____
Entered By:	_____

