Print Form

BALL STATE UNIVERSITY
Office of Accounts Payable

ACH Authorization Form

Vendor Information	Banking Information
Vendor Name:	**Financial Institution Name:**
Vendor Address (including city and State):	**Financial Institution Address:**
Name/Title of A/R Contact:	**Bank Routing Number:**
Phone Number:	**Bank Account Number:**
E-Mail Address (where ACH remittance advices will be sent):	**Type of Account:** ☐ Checking ☐ Savings

I hereby authorize Ball State University to initiate electronic credit entries, necessary debit entries, adjustments, or to correct any deposit errors to the bank account indicated above.

This authority is to remain in full force and effect until Ball State University has received written notification of its termination by an authorized officer of the above in such time and in such manner as to afford Ball State University and the financial institution named above a reasonable opportunity to act on it.

Submitted By:	**Title:**
Signature:	**Date:**

Please return the completed form by fax or mail:
Ball State University
Office of Accounts Payable AD G04
Muncie, IN 47306
Phone: 765-285-1327
Fax: 765-285-1947