

WVU RESEARCH CORPORATION ACH REQUEST FORM

FOR WVU RESEARCH CORPORATION FUNDED PAYMENTS ONLY

* Required Fields

PAYEE NAME	*	TAX ID / FEIN #	*
		(Full FEIN or Last 4 digits of SSN)	
PAYEE EMAIL	*	PAYEE PHONE #	
(for remittance advice)			
BANK NAME	*	BANK PHONE #	
BANK ADDRESS			*
BANK ROUTING #	*	BANK ACCOUNT #	*
(Include preceding 0's)		(Include preceding 0's)	
		ACCOUNT TYPE	CHECKING SAVINGS *
			(Chose one)

ADDITIONAL INFORMATION (Optional)

I authorize that future payments funded with WVU Research Corporation funds be paid via ACH using the banking information provided above. This authority will remain in effect until WVU Research Corporation is notified in writing to cancel it. If there is a status change (i.e. employee to non-employee), I understand I will need to reauthorize the use of the banking information provided by contacting Supplier Registration as noted below.

*

Printed Name

*

*

DATE:

Signature

DOCUMENTS THAT MUST BE SUBMITTED WITH THIS REQUEST FORM

- **COPY OF VOIDED CHECK** – Check must have the account holder's name, account number and bank routing number - formally printed on the check and the name on the account **MUST** match the name of the person / company being paid.

OR

- **LETTER FROM THE BANKING INSTITUTION** – Letter must be on the bank's letterhead providing the account holder's name, the bank routing number, the full account number and the bank representative's name and contact information. Direct Deposit Forms filled out by the account holder will **NOT** be accepted.

DOCUMENT DELIVERY METHODS (one of the following)

- **ELECTRONIC** - Request a secure link to be sent to you by emailing SupplierRegistration@mail.wvu.edu
- **FAX** - Send the information to the attention of Supplier Registration at (304) 293-8152

NOTE: Electronic submissions via email will **NOT** be accepted.

QUESTIONS or CHANGES IN ACCOUNT INFORMATION

- Contact Supplier Registration at SupplierRegistration@mail.wvu.edu

WVU SUPPLIER REGISTRATION USE ONLY

Processed by:

Date: