

WVU RESEARCH CORPORATION ACH REQUEST FORM

FOR WVU RESEARCH CORPORATION FUNDED PAYMENTS ONLY

* Required Fields

PAYEE NAME	<input type="text"/>	*	TAX ID / FEIN #	<input type="text"/>	*
				(Full FEIN or Last 4 digits of SSN)	
PAYEE EMAIL	<input type="text"/>	*	PAYEE PHONE #	<input type="text"/>	
	(for remittance advice)				
BANK NAME	<input type="text"/>	*	BANK PHONE #	<input type="text"/>	
BANK ADDRESS	<input type="text"/>				
BANK ROUTING #	<input type="text"/>	*	BANK ACCOUNT #	<input type="text"/>	*
	(Include preceding 0's)			(Include preceding 0's)	
			ACCOUNT TYPE	<input type="text" value="CHECKING or 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

Signature

DATE:

DOCUMENTS THAT MUST BE SUBMITTED WITH THIS REQUEST FORM

COPY OF VOIDED CHECK - Check must have the account holder's name formally printed on the check and the name on the account MUST match the name of the person 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 name and contact information.

DOCUMENT DELIVERY METHOD: Email SupplierRegistration@mail.wvu.edu to request a secure link to upload your completed form and backup documentation.

QUESTIONS or CHANGES IN ACCOUNT INFORMATION

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

WVU SUPPLIER REGISTRATION USE ONLY

Processed by:

Date: