

# Roosevelt University Direct Deposit (ACH) Service Provider/Vendor Application Form

On behalf of (entity named below) I have the authority to and hereby authorize Roosevelt University to make payment of written claims submitted to Roosevelt University by electronic deposit to the account listed below until this authorization is revoked in writing and upon reasonable notice to Roosevelt University. By signing this document, I certify that the bank account information provided is correct. I further authorize Roosevelt University to electronically and without notice deduct from this account any funds mistakenly deposited therein by Roosevelt University.

I hereby declare that written claims submitted to Roosevelt University are and will continue to be just and correct and that no written claim shall be submitted where such claim has already been paid. If any written claim submitted to Roosevelt University has resulted in a duplicate payment, I hereby authorize Roosevelt University to electronically deduct from this account any funds paid on a claim that has already been paid.

Vendor Number **(for office use only)** \_\_\_\_\_

Company or Individual Legal Name \_\_\_\_\_

Tax I.D. # (EIN) or Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

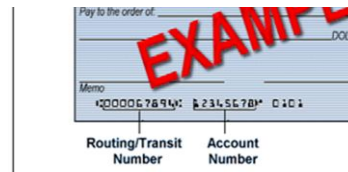
Email Address (for ACH notification & Remittance Advice) \_\_\_\_\_

## Bank Information:

Name of Bank \_\_\_\_\_

Routing Transit Number (9 characters)

Account Number



(Please check one) Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

Account Holder's **Signature** \_\_\_\_\_ Date \_\_\_\_\_

Title (if applicable) \_\_\_\_\_

## Return To:

**Email is the preferred method of delivery**

accountspayable@roosevelt.edu

**Questions?**

**Call Darlene Morris-Fullerton at**

**(312) 341-3561 or fax form to (312) 341-3595**