



Saint Anselm College
Supplier ACH/Direct Deposit Authorization Form

Please check one:

- New Direct Deposit, Change Direct Deposit, Cancel Direct Deposit

Supplier/Payee Information

Supplier/Payee:
Street Address:
City/Town:
State: Zip Code:
Contact Person's Name (if other than payee):
Telephone Number:
Email Address:

Financial Information

Please submit a letter from your financial institution with the banking information below
OR
Complete the information below and provide a voided check

- Attached is a letter from my financial institution, I have completed the information below and attached a voided check

Bank Name:
Bank Address:
Name on Bank Account:
Bank Account Number:
Nine-Digit Bank Routing Number (ABA):

Authorization: I certify that the information provided on this form is correct and I hereby authorize Saint Anselm College to electronically deposit payments to the bank account designated above.

Print Name Signature: Date:

IMPORTANT INFORMATION

Please return completed form via email to Financeoffice@anselm.edu or send by US Mail to Saint Anselm College, Finance Office, Box 1733, 100 Saint Anselm Dr., Manchester, NH 03102

For Accounts Payable Office Use Only

Accounts Payable Reviewed and Approved:
Entered in Workday by:
Date: