

ACH Authorization
Indiana University of Pennsylvania

This form is for employee reimbursements (including travel) from Accounts Payable.
Use of this form will not change employee payroll direct deposit.
Complete and email to Christine Patterson, cpatter@iup.edu.

Name

I hereby authorize IUP to (select one):

Start ACH payments issued through Accounts Payable

Change Financial Institution

Change Account Number

Stop ACH payments issued through Accounts Payable

I have an established account at the financial institution indicated below and authorize IUP to make any payments due to me via ACH. This authorization will remain in effect until revoked by me in writing.

Financial Institution

Routing Transit Number

Account Number

Account Type Checking Savings Select Checking or Savings

Email address for remittance notification

Effective Date

Date

Signature

A/P Use Only

Setup Date: _____

Initials: _____