## THE UNIVERSITY OF RHODE ISLAND

# OFFICE OF THE CONTROLLER

#### VENDOR ACH ENROLLMENT FORM FOR DIRECT DEPOSIT

To set up direct deposit with the University of Rhode Island, please complete this form, enclose a copy of a voided check or savings deposit slip and mail to University of Rhode Island, Controller's Office 75 Lower College Road, Room 110, Kingston, RI 02881 OR fax to (401) 874-4825 OR email to pcasey@mail.uri.edu Questions call (401) 874-4422.

#### Vendor/Company Information:

Vendor Name:	
Vendor Address:	
Tax ID No:	
Primary Contact:	
Phone Number:	
Email for remit:	

#### **Banking Information:**

Name & City of Receiving Bank:	
Routing / Transit (ABA):	
Account No:	
Account Type: (select one) 🔿	Checking 🔿 Savings

### **URI Vendor Authorization:**

We acknowledge that the origination of ACH transactions to my (our) account comply with the provisions of US law. I (We) hereby authorize URI to initiate credit entries to my (our) account.

Name & Title:		
Authorized Signatu	re:	Date:

#### Accounts Payable Use Only:

Vendor ID:	Entered on:	Entered By:	Verified by: