TEMPLE UNIVERSITY
ELECTRONIC PAYMENT ENROLLMENT FORM

Temple University requests all vendors to enroll in the University’s Vendor Direct Deposit Payment Program. This program utilizes ACH (Automated Clearing House) payments to provide a convenient, accurate, and timely method of depositing funds owed to vendors. Instead of using paper to carry necessary transaction information, (like a check), ACH transactions are transmitted electronically between financial institutions.

Please sign up for direct deposit TODAY! Temple University offers an excellent service, which allows having your receivables deposited directly into your bank account. What are the benefits?

<table>
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<tr>
<th>QUICK</th>
<th>Funds are available sooner and no more waiting for the check to arrive in the mail.</th>
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<tr>
<td>SECURE</td>
<td>Direct deposit is added protection against theft or time delays from lost checks.</td>
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<tr>
<td>CONVENIENT</td>
<td>Temple will deposit your funds directly into your bank account and send an e-mail notification of the deposit, so you know when the money is available to you.</td>
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<tr>
<td>CONFIDENTIAL</td>
<td>We maintain the strictest confidentiality regarding your bank account. Temple will access your account ONLY to <strong>deposit money</strong> or <strong>correct erroneous deposits</strong>.</td>
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If you have any questions regarding this information, please send an email to: accountspayable@temple.edu

Please send the completed form and support to:

**Mail:** Temple University, 1852 N. 10th Street (083-11), Philadelphia PA 19122, Attn: Accounts Payable Department, Vendor Team

*Note:* Direct Deposit and Bank Wire instructions must be submitted with this completed form, along with a copy of a bank statement header or an original check marked with “Void.” If the vendor is, an Independent Contractors or an Individual (sole) additional paperwork is required such as a copy of an acceptable proof of identity and residency for U.S. and Non-U.S. Citizens such as a valid passport, driver’s license, identification card, etc.

*Current W9 must be included with the paperwork*
AUTOMATED CLEARING HOUSE DEPOSIT AUTHORIZATION FORM

I/we, the undersigned, authorize Temple University to deposit payments directly to the account indicated below and to correct any errors which may occur from the transactions. I/we also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until Temple University receives written notice of cancellation from me (us). I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

☐ New Request  ☐ Change Request  ☐ Cancel Direct Deposit

COMPANY INFORMATION

Temple University Assigned Vendor Number, if applicable_____________________________

Company/Individual Name: ____________________________________________________

Address:_______________________________________________________________________

_______________________________________________________________________

Last 4 digits of tax ID number: ________________________________________________

Dun & Bradstreet Number, if applicable _________________________________________

PRIOR BANKING INFORMATION**

________________________________________________________

________________________________________________________

CONTACT INFORMATION

*Provide two Financial Officers responsible for your organization's banking account, if applicable

Name:____________________________________ Name:__________________________

Title:____________________________________ Title:___________________________

Phone #:_______________________________ Phone #:___________________________

Email:_______________________________ Email:_____________________________
INVOICE INFORMATION AND PAYMENT

Provide last invoice number submitted for payment ________________________________
Provide last check payment date: ________________________________________________
Provide last check number: _____________________________________________________
Provide the check amount: _______________________________________________________

*If the above is applicable

** “Change Request” updating ACH information, confirmation of prior banking information is required.

FINANCIAL INSTITUTION INFORMATION

Bank Name: _________________________________________________________________
Address: _________________________________________________________________

_________________________________________________________________

Bank Contact Telephone Number: _______________________________________________

Please indicate the type of account:  [ ] Checking  [ ] Savings

Account Number: _____________________________________________________________
Transit Routing Number: ______________________________________________________
Name on the Account: _________________________________________________________

E-Mail Address for notification of deposit: ______________________________________

Signature: __________________________ Date: __________

Title: ______________________________

Reminder: Include a copy of bank statement header or an original check mark “void” check.