



## Authorization to Receive Electronic Payments via ACH

Instructions: Please complete requested information and ensure both signature and date are included. Once completed return via email to: [accounts.payable@domail.maricopa.edu](mailto:accounts.payable@domail.maricopa.edu)

### Reason for Authorization

New Request

Change/Update current information on file

Individual/Supplier (Company) Name:

Information must match exactly as listed on bank account

Supplier ID# (if known):

Contact Name:

Email Address:

Remittance details will be sent to this email address.

Phone Number:

### Banking Information:

Bank Name:

Bank Routing Nummer (9 digits):

Checking Account Number:

**\*\* Savings Accounts may not be used \*\***

**Once ACH has been authorized and setup - payments/deposits will be made on next business day after payment issued. Please ensure [accounts.payable@domail.maricopa.edu](mailto:accounts.payable@domail.maricopa.edu) is set as an allowable sender otherwise remittance advices may be delivered to the spam/junk folder or marked as suspicious.**

In the event that the exercise of this authorization for any reason results in an overpayment, I hereby authorize Maricopa Community Colleges to either 1) debit my above identified checking account for an amount not to exceed said overpayment, or 2) withhold a sum equal to the overpayment from my next disbursement of funds for payment of invoices due to me or for any other reason that resulted in an overpayment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_