



## Authorization for Electronic Supplier Payments (ACH)

Instructions: Please complete the requested information throughout the form, sign and date your authorization and return –

Scan and return by email to: [accounts.payable@domail.maricopa.edu](mailto:accounts.payable@domail.maricopa.edu)

Fax to: 480-731-8533

Mail to:  
Maricopa Community Colleges  
Attn: Accounts Payable  
2411 W. 14<sup>th</sup> St  
Tempe AZ 85281

### Reason for Authorization

- New Request  
 Change of Account Information

Supplier Name

Supplier Number (if known)

Please fill out the information below in case of questions:

Contact Name:

Email Address

This will be where the remittance details will be emailed. Deposits will occur on the next business day.

Contact Telephone number:

### **Bank Information:**

Bank Routing number (9 digits)

Bank Name

Checking Account Number

**\*Savings Account Numbers CANNOT be used**

In the event that the exercise of this authorization for any reason results in the overpayment for supplier invoices actually due and payable to me, I hereby authorize Maricopa Community Colleges to either A) debit my above-identified checking account for an amount not to exceed said overpayment, or B) withhold a sum equal to the overpayment from my next disbursement of supplier invoice payment.

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

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