**ACH REQUEST FORM**

*ACH requests require a minimum of 24 hours for settlement*

- Attach the ACH request form to the corresponding Accounts Payable Check Request or Purchase Requisition form for payment.
- Complete the contact, banking and beneficiary information listed under the appropriate heading.

<table>
<thead>
<tr>
<th>CONTACT AND PAYMENT INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>University Contact Name:</td>
<td></td>
</tr>
<tr>
<td>University Telephone Number:</td>
<td></td>
</tr>
<tr>
<td>University Email Address:</td>
<td></td>
</tr>
<tr>
<td>Amount of Payment:</td>
<td></td>
</tr>
<tr>
<td>Payment Due Date:</td>
<td></td>
</tr>
<tr>
<td>Business Purpose of the ACH payment:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BANK INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ACH Routing Number (9 digits):</td>
<td></td>
</tr>
<tr>
<td>Bank Name:</td>
<td></td>
</tr>
<tr>
<td>Bank Address (City, State):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BENEFICIARY INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary Bank Account Number:</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Account Name:</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REFERENCE INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Details to send to beneficiary: (i.e. invoice #)</td>
<td></td>
</tr>
</tbody>
</table>

**CCM Office Use Only**

<table>
<thead>
<tr>
<th>Value Date:</th>
<th>Company Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>USD Amt:</td>
<td>Date Received:</td>
</tr>
<tr>
<td>Initiator:</td>
<td>Date Processed:</td>
</tr>
<tr>
<td>Approver:</td>
<td>Delivery:</td>
</tr>
<tr>
<td></td>
<td>AP</td>
</tr>
<tr>
<td></td>
<td>EIA</td>
</tr>
</tbody>
</table>

Revised 05/2018