

Volunteer State Community College
ACH/Direct Deposit Payment Enrollment Authorization

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Check One:

☐ Direct Deposit for the first time

☐ Direct Deposit change

VENDOR INFORMATION

Social Security Number or Federal Taxpayer ID# _____

Name of Payee: _____

Payment Address: _____

Accounts Receivable Contact: _____ Telephone Number: _____

Electronic Remittance Email: _____

BANKING/FINANCIAL INSTITUTION

Bank Name: _____

Bank Address: _____

Bank Telephone Number: _____

9 Digit Routing Number: _____

Account Number: _____

Type of Account: ☐ Checking ☐ Savings

I certify that the information provided in this form is correct. I authorize Volunteer State Community College to direct payments to the financial institution designated above and to initiate, if necessary, debits entries and adjustments for any credit entries in error. This authorization is applicable to all payments issued to the above-named payee by Volunteer State Community College under the designated TIN or SSN until Volunteer State Community College receives written notification from me/us of its revocation in such time and manner as to afford all parties a reasonable opportunity to act on it.

SIGNATURE: _____

Date: _____

** Please attach a voided check if applicable and return to:

Email: purchasing@volstate.edu

**PLEASE ENCRYPT THE EMAIL WHEN RETURNING FORM
VIA EMAIL!**

Mail to:
Volunteer State Community College
Attn: Purchasing Department
1480 Nashville Pike
Gallatin, TN 37066

For TBR Use Only: Please Initial

Entered _____ Date _____

Verified _____ Date _____