

CARLETON COLLEGE
Vendor Electronic Payment Authorization

To begin receiving payments electronically complete and submit the below form. Please Allow 7-10 days for processing. Call 507-222-5934 for assistance.

Section I: Vendor Information

Vendor Name _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip, Country _____
City _____ State _____ Zip _____ Country _____

Contact Name: _____ Phone Number _____

Remittance Email: _____

Type of Authorization (check one): Add Change

Section II: Bank Account Details: Complete one of the following sections below

Section (A): U.S. Bank Automated Clearing House (ACH)	<p>Section (A) Account Details for US Bank Account:</p> <p>Bank Name: _____ Bank Routing # (9 digits): _____</p> <p>Account Type: <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings Bank Account #: _____</p> <p>Please attach a verification document that confirms the details you've provided: <input type="checkbox"/> Voided check OR <input type="checkbox"/> Memo on bank letterhead including your organization's name, address, and account details</p>
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Section (B): Foreign Bank (Non - U.S.) Wire	<p>Section (B) Account Details for Foreign Bank Account:</p> <p>Bank Name: _____ IBAN/Bank Account #: _____</p> <p>Bank Address: _____ SWIFT or BIC Code: _____</p> <p>Bank Country: _____ Name on Bank Account: _____</p> <p>Additional Instructions: <div style="border: 1px solid black; width: 200px; height: 30px; display: inline-block;"></div></p>
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Section III: Authorization

I certify that the information on this form is complete and correct. I authorize Carleton College to electronically deposit invoice payments to the undersigned bank account via the Automated Clearing House (ACH) or via the Clearing House Interbank Payment System (CHIPS) in accordance with applicable electronic payment rules. **This authorization will remain in effect until it has been canceled in writing.** In the event that funds are erroneously deposited to the undersigned's bank account, Carleton College is authorized to debit the account in the amount of the erroneous deposit with prior written or verbal notice to the undersigned.

Authorized Signature _____
Title

Printed Name of Above Signature _____
Date

Return completed form and attachments to the Carleton Business Office:
Email: accountspayable@carleton.edu
Mail: Carleton College, Accounts Payable, One North College Street, Northfield, MN 55057

<p style="text-align: center;">Accounts Payable Office Use Only</p> <p>Vendor ID: _____</p> <p>Template Name: _____</p>
