

Date requested _____ *PLEASE NOTE: It may take up to 3 days for an ACH payment to reach the beneficiary's bank once initiated and approved at our bank.*

Student name _____ Student ID _____

Student address _____

 Bank name _____ Account type: Checking Savings

Bank address _____

ABA/Routing # (U.S. domestic) _____

Bank account number _____

| Company | Fund | Cost Center | Spend Category | Program Code | Additional Worktags | Description | Amount |
|--------------|------|-------------|----------------|--------------|---------------------|-------------|--------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |

Reason for ACH payment _____

Requested by:

Print name _____ Department _____

Phone _____ Email _____

Office of Financial Services Use Only

Setup _____ Date _____

Approval _____ Date _____

Confirmation _____ Date _____