

DATE REQUIRED _____

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.

Beneficiary Name _____

Supplier Name (Workday) _____

Beneficiary Address _____

Beneficiary Account Number _____

Bank Name _____

Bank Address _____

ABA/Routing # (US Domestic) _____

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

REASON FOR ACH PAYMENT _____

 Requested By _____ *Print Name* _____ *Department* _____ Phone _____

Email _____

 Approved By _____ *VP or Cost Center Manager Signature* _____ *Print Name* _____ Date _____

 Approved By _____ *Project, Grant, or Gift Manager Signature* _____ *Print Name* _____ Date _____

 OSP Approval _____ *Grant Accountant Signature* _____ *Print Name* _____ Date _____

Office of Financial Services Use Only	
Setup _____	Date _____
Approval _____	Date _____
Confirmation _____	Date _____

If payment involves Grant or Research Funds, Grant Manager and OSP approval are required.