



ACH Enrollment Form

Procurement Services – Modular II
Office of the Controller

Phone: (239) 590-1130
Fax: (239) 590-1140

10501 FGCU Boulevard South
Fort Myers, FL 33965

Enrollment Type: _____
Effective Date: _____

Vendor Information

Vendor Name: _____
Federal Tax ID: _____

(As per IRS Publication 1099-MISC and State Statute 119.071(5), your FEID number is being requested to search and verify against IRS records)

Financial Institution Information

Name of Financial Institution: _____
Account Type: _____
ABA / Routing Number: _____
(Number on the bottom-left of your check)
Account Number: _____

Vendor Contact Information

ACH Contact Person: _____
Mailing Address: _____
Phone Number: _____
Email Address: _____

Authorization Statement

I hereby authorize the contact person listed on this form and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic vendor payments. If signed by a corporate officer, partner or fiduciary on behalf of the vendor, I certify I have the authority to execute this authorization on behalf of the vendor. This authorization is to remain in full force until Florida Gulf Coast University has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

Signature of Authorized Official

Date

Name (printed)

Title

Please return this form to Procurement Services via mail, fax, or email vendor@fgcu.edu