



Vendor / Payee Name:

Federal ID / SSN Number:

WSU Vendor / Payee Number:  
(if known)

(If you've been paid by WSU before, this number can be located on your payment remittance stub)

### Declaration:

I (we) hereby authorize **Wayne State University** (hereafter WSU) to initiate ACH automatic deposits (credits) to my account at the financial institution named below. Additionally, I authorize **WSU** to make necessary debit adjustments in the event a credit entry is made in error.

Further, I agree not to hold **WSU** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my institution or due to an error on the part of my financial institution in depositing funds into my (our) account. I will notify WSU immediately of any changes made to my checking account.

This agreement will remain in effect until **WSU** receives written notification of cancellation from me or my financial institution. Upon receipt of notice, I understand **WSU** will need 72 hours to comply with the request and interim deposits may occur.

### Vendor / Payee Information:

Primary Phone Number:

Primary Fax Number:

Primary Email Address:

### Vendor / Payee Banking Information:

Name of Financial Institution:

Branch/State:

Routing Number:

Checking Account Number:

### Vendor / Payee Authorization:

Name:

Title:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attached a VOIDED check or deposit slip to verify bank details and routing number.

This form must be returned to: WSU - Disbursements - Suite 4100 AAB  
5700 Cass Ave Detroit MI 48202  
Or e-mail to [vendorach@wayne.edu](mailto:vendorach@wayne.edu)