



**ASSOCIATED UNIVERSITIES INC**

1400 16 Street, NW Suite 730  
Washington, DC 20036  
Phone (202) 462-1676

**AUTHORIZATION FOR  
ACH DEPOSIT OF VENDOR PAYMENT**

**Company Information (please print)**

Payee/Vendor Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Remit to Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Corporation:  Yes  No  
Federal Tax ID# \_\_\_\_\_  
CRS# \_\_\_\_\_ (if applicable)

**Financial Institution Information**

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City, State, Zip (required)  
Bank ABA #: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_  
Name on Account: \_\_\_\_\_

**Signature and Title of Authorized Official**

\_\_\_\_\_  
Printed Name Title  
\_\_\_\_\_  
Signature Date

**\*\*\*\*\* Please return completed form by mail to Associated Universities, Inc., Accounts Payable Department, PO Box 2, Green Bank, WV 24944 or by e-mail at sgibson@au.edu.**