Community College of Rhode Island
Accounts Payable Office
400 East Avenue
Warwick, RI 02886

FAX (401) 825-2328
e-mail questions to ssokoll@ccri.edu

phone (401) 825-1074

VENDOR REQUEST FOR DIRECT DEPOSIT (ACH)

Part 1 to be completed by the Vendor/Entity

Business Name: _____ FEIN/SSN# _____

Contact Name: _____ Tel. # (_____)_____ext_____

Title: _____ Fax # _____

Address: _____

_____

City: _____ State: _____ Zip: _____

e-mail: _____(required)

PLEASE NOTE THAT NOTIFICATION OF DIRECT DEPOSIT WILL BE BY E-MAIL TO THE ABOVE E-MAIL ADDRESS.

I hereby authorize the Community College of Rhode Island (hereinafter "CCRI") to electronically deposit any payments made on behalf of the Community College to the bank account specified below. This authorization is to remain in full force and effect until CCRI has received written notification from me of its termination in such time and manner as to afford CCRI and the bank named below a reasonable opportunity to act upon it. In the event that CCRI notifies the bank that funds have been deposited to the company's account in error, I hereby authorize and direct the bank to return said funds to CCRI as soon as possible. In the event that for any reason, the bank is unable to return said funds to the CCRI, I hereby authorize CCRI to recover those funds by any of the following methods: (1) deducting the amount of said funds from any future payments from CCRI until the amount of erroneous deposit has been recovered in full; (2) making written demand on the company for return of said funds, in which case the company hereby agrees to return said funds in full to the CCRI within two (2) weeks of receipt of such written demand; or (3) any combination of methods (1) and (2) above. The company further agrees that if such funds are not repaid to CCRI, the company will be liable for all costs of collection, including reasonable attorneys' fees incurred by the CCRI in the collection of such funds, together with the maximum interest permitted by law.

I have read, understand, and agree to the above statement.

Signature: Date:

Part 2 to be completed by the Vendor/Entity

Bank Name: _____

Routing & Transit #:(ABA#):

Checking Account #:

A VOIDED CHECK OR COPY OF A CANCELLED CHECK MUST ALSO BE ATTACHED!

Part 3 For office use only

Date received: _____ Banner ID: _____ Verified by: _____

Pre-Note date: _____ Bank Notification date: _____ (should there be an error)

Date Banner Pre-Note status made active: _____ (S/B min 6 business days following Pre-Note) By: _____