



St. Norbert College Vendor ACH Payment Enrollment Form

Please submit a voided check with this form. If you do not use checks, please include a certified letter from your financial institution confirming your account information.

Payee/Company Information

Name:
Current Mailing Address:
Social Security or Taxpayer ID:
Primary Telephone:
Secondary Telephone (optional):
Email Address (required for notification of remittance):

Financial Institution Information

Name:
Address:
Routing Number:
Account Number:
Type of Account (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings PLEASE INCLUDE A VOIDED CHECK

Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official	Date

IMPORTANT: This document must be signed and returned to the St. Norbert College Finance Department