Connecticut State Colleges & Universities (CSCU)
61 Woodland Street Hartford, CT 06105
Phone (860) 723-0164
E-mail questions to so-ap-ccc@commnet.edu

VENDOR REQUEST FOR DIRECT DEPOSIT (ACH)

VENDORS: Please submit this completed form via our secure document submission link.

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 System Office for the Connecticut Community Colleges (hereinafter "CCC") to electronically deposit any payments made on behalf of the Community Colleges to the bank account specified below. This authorization is to remain in full force and effect until the CCC has received written notification from me of its termination in such time and manner as to afford the CCC and the bank named below a reasonable opportunity to act upon it. In the event that the CCC 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 the CCC as soon as possible. In the event that for any reason, the bank is unable to return said funds to the CCC, I hereby authorize the CCC to recover those funds by any of the following methods: (1) deducting the amount of said funds from any future payments from the CCC 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 CCC 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 the CCC, the company will be liable for all costs of collection, including reasonable attorneys' fees incurred by the CCC 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#):

Account #:

Account Type:_____ (checking or savings)

A VOIDED CHECK OR A BANK LETTER WITH NAME, ACCOUNT AND ROUTING NUMBER MUST BE ATTACHED!

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