



# Authorization For Electronic Supplier Payments (ACH) (For Existing Employees or Suppliers)

**Instructions:** Please complete the requested information throughout the form, sign and date your authorization and return to:  
Maricopa Community Colleges  
2411 West 14<sup>th</sup> Street  
Tempe, AZ 85281-6942

Vendor #:  Date:   
**For Office Use Only**

**\*\*NOTE: This form must be COMPLETELY and legibly filled out, or the form will be returned to you.\*\***

**Please check one of the following:**

- 1.  Employee
- 2.  Supplier

**Reason for the authorization:**

- 1.  NEW Request
- 2.  CHANGE of Account Information

**The employee or supplier is responsible for notifying Maricopa Community Colleges of any changes.**

### Employee/Supplier Information

Employee/Supplier Name:

CFS Vendor # (if known):

HRMS Employee # (if employee):

*\*This is your 8-digit employee number, and NOT your Maricopa Enterprise ID (MEID).*

CFS Vendor Site (or Sites):

*\*If this is for an employee, the CFS Vendor Site will be OFFICE.*

Please fill out the information below in case of questions:

Contact Name (For this request):

E-mail Address(es):

Contact Telephone Number:

### Bank Information

Bank or Credit Union Routing Number (9 digits):

(This number appears between these symbols | : | : in the bottom left of your check)

Bank Name:

Checking Account Number:

**\*Savings Account Numbers Cannot be Used**

### **I hereby authorize:**

- 1. Maricopa Community Colleges to deposit my supplier invoice payment via electronic funds transfer.
- 2. My financial institution to credit this amount to my account.

In the event that the exercise of this authorization for any reason results in an overpayment for supplier invoices actually due and payable to me, I hereby authorize Maricopa Community Colleges to either: **A)** debit my above-identified checking account for an amount not to exceed said overpayment, or **B)** withhold a sum equal to the overpayment from my next disbursement of supplier invoice payment.

**I understand this authorization applies only to my supplier record and does not effect my payroll direct deposit information.**

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

*Maricopa Community Colleges is an Equal Opportunity/Affirmative Action Employer.*

**Instructions For  
Authorization for Electronic Supplier Payments (ACH) Form  
(For Existing Suppliers)**

1. Place a check mark (or X) next to either the “Employee” or “Supplier” designation.
2. Place a check mark (or X) in the reason for authorization. You will select either a “NEW Request,” which means you are providing bank information for the first time, or you will select “CHANGE of Account Information,” which means you have provided bank information in the past and are asking for a change.
3. Complete ALL fields in the “Employee/Supplier Information” section, as follows:
  - a. Employee/Supplier Name
  - b. CFS Vendor # (if known)
  - c. HRMS Employee # (This is For Employees Only—This is the 8-digit employee number, and **NOT** the Maricopa Enterprise ID or MEID)
  - d. CFS Vendor Site (For employees, please put OFFICE; for vendors, please put the city of operation)
  - e. Contact Name (for this request)
  - f. The contact’s e-mail address and telephone number
4. Bank Information
  - a. Enter the nine-digit bank or credit union routing number.
  - b. Enter the name of the bank.
  - c. Enter the bank account number (the number of digits may vary). It must be a checking account—not a savings account.
5. Review, Signature, and Date
  - a. Review what you are authorizing Maricopa Community Colleges to do, and then sign and date the document to authorize Maricopa Community Colleges to make the appropriate notation of your ACH status.
6. Faxing or Mailing the Form
  - a. You may fax the document to 480-731-8190 or
  - b. You may mail the document to:  
Maricopa Community Colleges  
2411 West 14<sup>th</sup> Street  
Tempe, AZ 85281-6942