ACH Enrollment Form

❑ Vendor   ❑ MD Student   ❑ Faculty/Staff   ❑ PhD or MD-PhD Student

Desired Action: ❑ Set up new account   ❑ Update Existing ACH Account

Payee Information (please print):

Name: _____

Address: _____

Email Address: _____ Banner ID#: _____

ACH Information - Payments to be deposited to the following bank account:

Bank name: _____

Bank address: _____

Name(s) on account: _____

Routing (ABA) #: _____ Account #: _____

Important:
Company/Institutions/Vendors – Attach a voided check along with banking instructions, shown on your bank's letterhead listing the company name and address, routing number, and account number along with the ACH form.
Individuals - Attach a voided check along with the ACH form.

I authorize Albert Einstein College of Medicine (Einstein) to deposit payments into the accounts indicated above. I agree that this authorization will remain in effect until written notification to Einstein terminating this service.

Name: _____   Telephone Number: _____

Title: _____

Signature: _____   Date: _____

Internal Administration Approval

Department   _____
(Student ACH forms must be approved by the department submitting the ACH form.)

Finance   _____

Purchasing   _____

Send Completed Forms To: Accounts Payable: yaneris.cruzalcantara@einsteinmed.edu

Yaneris Cruz-Alcantara: _____ Date: _____   Helen Martinez: _____ Date: _____
                    (Initial)   *(Initial)*

For instructions, see the ACH Enrollment Instructions, PRO-WIN-2018-001.