



Vendor Request for Direct Deposit (ACH)

Business Name: _____ FEIN/SSN# _____

Contact Name: _____ Tel. # (____) _____ ext _____

Title: _____ Fax # _____

Address: _____ E-mail: _____

Please note that notification of direct deposit will be sent to the email provided

City: _____ State: _____ Zip: _____

Bank Name: _____

Routing & Transit #: (ABA#)

Grid for routing and transit number

Checking Account #:

Grid for checking account number

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

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 above. 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: _____

OFFICE USE ONLY section with fields for Date Received, Banner ID, Request Contact, Pre-Note Status, Method Verified, Phone Number on File, Banner Entered By, Requested by CCRI, Part of RFP/RFQ package