

ACH/EFT VENDOR AUTHORIZATION FORM

SECTION 1 – VENDOR INFORMATION

TRANSACTION TYPE: ☐ NEW/ADD ☐ UPDATE/CHANGE ☐ INACTIVE/DELETE

NAME OF COMPANY OR INDIVIDUAL:		VENDOR NUMBER:	
CONTACT NAME AND TITLE:		FEDERAL EMPLOYER ID (TIN/EIN) OR SOCIAL SECURITY NUMBER (SSN):	
ADDRESS:	<input type="checkbox"/> Non Profit	<input type="checkbox"/> Corporation	
CITY, STATE, ZIP:	<input type="checkbox"/> Individual/Sole proprietorship	<input type="checkbox"/> Other	
PHONE:	<input type="checkbox"/> Partnership		
EMAIL:			

SECTION 2 – NEW FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME:	
STREET ADDRESS, CITY, STATE, ZIP:	
PHONE:	ROUTING NUMBER:
FAX:	ACCOUNT NUMBER:
EMAIL:	TYPE OF ACCOUNT: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

SECTION 3 – OLD/PRIOR INFORMATION – MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT

OLD/PRIOR FINANCIAL INSTITUTION NAME:	
OLD/PRIOR ROUTING NUMBER:	
OLD/PRIOR ACCOUNT NUMBER:	
OLD/PRIOR STREET ADDRESS, CITY, STATE, ZIP:	PHONE:



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SECTION 4 – READ THE AGREEMENT, SIGN AND DATE

Attach a CHECK marked “VOID,” with preprinted name & current address or an official BANK FORM, certified & stamped by a banking official, which provides bank account number and routing number.

PLEASE NOTE: Baylor College of Medicine (the “College”) will transmit your payment electronically based on the information you have provided. If the transmission fails because you have given us incorrect or outdated information, Baylor College of Medicine can only provide a replacement payment AFTER the College has received a refund from the respective financial institution. It is important that you provide correct account and bank routing numbers – and that you notify the College immediately if you change banks or account numbers. Baylor College of Medicine has the right to retract and correct payments as necessary.

IAT (International ACH Transactions) Payee Statement (if applicable):

I acknowledge that ACH electronic payments to the designated financial institution account must comply with the provisions of U.S. Law, as well as the requirements of the U.S. Office of Foreign Assets Control (OFAC).

I affirm that ACH electronic payments originated by Baylor College of Medicine to the credit of our designated financial institution account are not subject to being subsequently transferred to a foreign bank account or, if subject to being transferred to a foreign bank account, it is not the full amount of the originated ACH electronic payment amount.

I affirm the above agreement is correct and authorize Baylor College of Medicine to initiate ACH credit deposit entries to the above designated bank account identified on this form.

SIGNATURE

SIGNATURE:

NAME AND TITLE:

DATE:

SUBMIT COMPLETED FORM TO:

EMAIL: nabil.lalaoui@bcm.edu

PLEASE FORWARD ANY INQUIRIES TO:

Baylor College of Medicine

Supply Chain Management

Phone: (713) 798-2634

Email: nabil.lalaoui@bcm.edu