Email original form to: CMA-AP@csum.edu

Vendor	
Approved	
PreNote	

AP Use Only

ACH PAYMENT AUTHORIZATION

CHECK ONE:
- ☐ New Request
- ☐ Change of Bank or Account Number
- ☐ Delete Authorization

Vendor Name: _____ **Vendor ID** _____
**CMA AP Use Only*

Bank Name: _____

Bank Address: _____

Bank Routing Number: | | | | | | | | | |

Please verify your routing number with your financial institution.

- ☐ Checking
- ☐ Savings

Vendor Depository Bank Account Number: _____

For email notification of payment, email address to send ACH notification: _____
(please print)

I hereby authorize in accordance with the rules and regulations of the National Automated Clearinghouse Association ("NACHA") California State University ("CSU"), The California Maritime Academy to credit any reimbursements due to the entity listed above as "Vendor Name" via automated clearinghouse electronic fund transfer ("ACH") to the bank and bank account owned by the vendor referenced above. Further, I hereby authorize CSU to withdraw funds from the above referenced bank account owned by the vendor via ACH debit. Such debits are authorized only to perform legitimate and appropriate financial transactions between above vendor and the CSU including, but not limited to, retrieval of reimbursement overpayments. This authorization will remain in effect until cancelled in writing. A new authorization must be completed if there is a change to the bank account, the bank account is closed, or there is a change in financial institutions.

Note: I understand that the California State University (CSU) requires ten (10) business days to set up this initial authorization and two (2) business days for funds to become available following an ACH electronic funds transfer.

Signature: _____ **Title:** _____ **Date:** _____
Required

Telephone Number: _____ **E-Mail:** _____

Privacy Notification

The State of California Information Practices of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting information on this form is to acquire authorization for reimbursement distribution to a financial institution of the individual's choosing. Furnishing all information on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being submitted.

Allow two weeks for processing.