



MEDICAL CENTER

**COMPANY/INDIVIDUAL ELECTRONIC PAYMENT INFORMATION
(For United States Banks Only)**

COMPANY/INDIVIDUAL INFORMATION					
Company/Individual Name (as appears on bank account)				Tax ID (EIN): (as it appears on W9)	
Address	Street				
	City		State		Zip Code
EFT/EDI Contact	Name(s)				
A/R Contact	Telephone #				
	Name(s)		Fax #		
	A/R Contact E-mail				
Email address to submit remittance information.					
US ACH BANK INFORMATION (Your local branch contact)					
Bank Name					
Address	Street				
	City		State		Zip Code
Bank Contact	Name(s)				
	Telephone #		Fax #		
ACH Routing #	Note: This may be different than a fed wire routing number.				
Bank Account #					
Account Type	Checking <input checked="" type="checkbox"/> Savings (not currently available)				

I hereby authorize initiation of direct deposits of accounts payable disbursements from Vanderbilt University Medical Center into the account specified above and agree to promptly return any funds that are submitted in error.

Signature: _____

Print Name: _____

Title: _____

Please note that a CTX 820 remittance file is forwarded to the receiving bank for each ACH payment. An **optional email remittance report is available upon request** for those who do not retrieve the CTX 820 remittance detail file from their bank. **Currently, this report is generated daily even though a payment may not have been processed.** Please return this form to VUMC Disbursement Services at vumcdspayments@vumc.org or submit any questions you may have.