



MEDICAL CENTER

**SUPPLIER'S ELECTRONIC PAYMENT INFORMATION  
(For United States Banks Only)**

COMPANY/SUPPLIER INFORMATION						
Company/Supplier Name (as appears on bank account )						
Address						
Street						
City		State		Zip Code		
EFT/EDI Contact		Name(s)				
A/R Contact		Telephone #				
		Name(s)			Fax #	
		A/R Contact E-mail				
Other E-Mail Contacts (optional)						
US ACH BANK INFORMATION (Your local branch contact)						
Bank Name						
Address						
Street						
City		State		Zip Code		
Bank Contact		Name(s)				
		Telephone #			Fax #	
ACH Routing #		<span style="background-color: yellow;">Note: This may be different than a fed wire routing number.</span>				
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 month-to-date report is generated daily even though a payment may not have been processed.**

Please return this form to VUMC Disbursement Services at [vumcdspayments@vanderbilt.edu](mailto:vumcdspayments@vanderbilt.edu) for any questions or concerns about this form or the ACH payment process.