



UNIVERSITY OF
SOUTH CAROLINA

University Foundations

March 1, 2015

Dear Valued Vendor:

As the University of South Carolina Foundations continues to improve the processes which we use to remit payments, we now have the capability to expedite payment further by remitting payment via electronic funds transfer in the form of ACH payment.

By utilizing ACH payments, you will receive payment directly into your banking account instead of waiting for a paper check. You will receive notification via email when an ACH payment has been sent to your bank account.

In order to start this process we will need to gather some information from you. We ask that you complete the attached form. Please note that **all sections must be completed.**

Once you have completed the form, both signing and dating it, we ask that you mail the form back to us at:

University of South Carolina Foundations
1027 Barnwell Street
Columbia, SC 29208

Or email it to us at: EdFndAP@mailbox.sc.edu

Since payment via ACH is both faster and less costly, this payment method is now our preferred payment method. Presently, payment to you via ACH is optional; however, in the near future it will be our sole method of payment.

Should you have any questions or require additional information, please don't hesitate to contact our Accounts Payable Department at 777-1466.

Best Regards,

Susan B. Smith, CPA
Chief Operating Officer

Staple voided check HERE, behind form.

Internal Use Only



UNIVERSITY OF
SOUTH CAROLINA

University Foundations

ACH Authorization Agreement and Enrollment for Direct Deposit and Remittance Advice

Mail to: University of South Carolina Foundations 1027 Barnwell Street Columbia, SC 29208	Please complete this form and attach a voided check in order to validate account information. Then mail it to the address listed to the left. If you have questions or need assistance with this form, please call the Foundations office at (803) 777-1466 or email EdFndAP@mailbox.sc.edu. Please do not fax.
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Vendor/Payee Name (as shown on the bank account)			Federal Tax ID Social Security #
Vendor / Payee Address			ACH Contact Name
			ACH Contact Telephone Number (include Area Code)
Vendor / Payee City	State	Zip Code	ACH Contact Email

Financial Institution Name			
Financial Institution Address			Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
			ABA Routing/Transit Number
Financial Institution City	State	Zip Code	Depositor Account Number

By signing this form, I authorize the University of South Carolina Foundations to initiate electronic credit entries to a checking or a savings account indicated at the financial institution identified above. I understand that payments and reimbursements may be made by the University of South Carolina Foundations, to me or the vendor I represent and **only to the one bank account indicated**. In the event of overpayment to this bank account, I authorize the University of South Carolina Foundations to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying the University of South Carolina Foundations in writing at least fifteen (15) days prior to termination. **Any change** to the bank account or to a new financial institution will require a **new ACH Authorization and Enrollment Form**. Failure to notify the University of South Carolina Foundations of an account change will delay payment.

Signature of Authorized Individual	Signature Date
Print or Type Individual's Name	Telephone Number (Include Area Code)