



PROCUREMENT SERVICES

ACCOUNTS PAYABLE OFFICE STUDENT ACH PAYMENT FORM

Thank you for your interest in Messiah University's ACH Payment Program. This program provides a timely deposit to your bank account and rapid access to your money. Further, it allows us to work together to positively impact the environment by reducing our printed check output.

To enroll in the ACH Payment program, complete the information below and save the form. Please return this form and a scan of a voided check via this secure link.

The initial setup for ACH deposits can take approximately three weeks from the date we receive your completed form. You will be notified when your account has been established. A remittance confirmation will be sent via email to verify all payments made to your account.

NOTE: We will not deposit to bank accounts located outside of the USA.

Do not hesitate to contact us at accountspayable@messiah.edu or (717)766-2511 ext. 2910 or ext. 2911 with questions.

Sincerely,
Messiah University
Accounts Payable Office

Student Name: Student ID Number

Student Address:

Telephone Number: Email:

Bank Name: Telephone:

Routing # (found on the bottom of the check, 9 digits)

Account # *Please attach a copy of a voided check

Account Type: Checking Savings Other

Email address where remittance confirmation should be sent:

I hereby authorize Messiah University and the financial institution listed above to initiate ACH (credit) entries to my account. This authorization will remain in effect until the Accounts Payable Office has received written authorization from the student of its termination or modification. I understand that it is my responsibility to provide accurate and current banking information. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, Messiah University cannot re-issue any funds to me prior to receiving confirmation of a failed deposit by the bank/financial institution. The student shall give notification in such time and manner as to afford the Accounts Payable Office and the financial institution a reasonable opportunity to act upon the change or termination request.

Authorized Signature

Print Name

Date