



**ACH PAYMENT ELECTION FORM**

VENDOR/SUPPLIER/CONTRACTOR INFORMATION	
NAME	TAXPAYER ID #
ADDRESS	
By Signing below, I hereby certify that I am an authorized REQUESTOR for the Vendor/Supplier/Contractor listed above and that I have been granted authority to select payment type.	
NAME AND TITLE OF AUTHORIZED REQUESTOR	TELEPHONE NUMBER
	E-MAIL ADDRESS OF AUTHORIZED REQUESTOR
REMITTANCE EMAIL ADDRESS Email address used by the supplier to receive payment notification	SIGNATURE OF AUTHORIZED REQUESTOR AND DATE
	Signature
	Date
BANK NAME	
NINE-DIGIT ROUTING TRANSIT NUMBER	
DEPOSITOR ACCOUNT TITLE	
DEPOSITOR ACCOUNT NUMBER	
ACCOUNT TYPE	<input type="radio"/> Checking <input type="radio"/> Savings <input checked="" type="checkbox"/> Lockbox

eMail completed form to [vendorsetup@uchicago.edu](mailto:vendorsetup@uchicago.edu)

To contact University of Chicago Procurement and Payments Services, please call 773-702-5800.