

## **ACH DIRECT DEPOSIT MAINTENACE**

Return Form to: Appalachian State Unviersity PO Box 32125

or

828-262-3267

Fax:

ENROLLMENT IN THE UNIVERSITY'S ACH/ DIRECT DEPOSIT PROGRAM ALLOWS FUNDS TO BE DEPOSITED INTO A CHECKING OR SAVINGS ACCOUNT. IN ADDITION TO RECEIVING FUNDS ELECTRONICALLY YOU WILL BE NOTIFIED OF THE DEPOSIT VIA EMAIL. THE EMAIL WILL PROVIDE YOU WITH THE INFORMATION THAT WOULD NORMALLY BE ON YOUR CHECK STUB.

Boone, NC 28608

LEGAL NAME AS DEGISTERED WITH T	TAXPAYER IDENTIFICATION NUMBER TIN/ SSN					
LEGAL NAME AS REGISTERED WITH THE IRS (should match Form W9)			TOTAL MENTILEM INCOME IN THE STATE OF THE ST			
NAME ON THE ACCOUNT						
BUSINESS WEB SITE URL (if applicable	e)					
`	·					
PRIMARY CONTACT AUTHORIZING ACH DEPOSITS		TITLE				
PRIMARY CONTACT PHONE		PRIMARY CONTACT EM	PRIMARY CONTACT EMAIL ADDRESS			
TYPE OF REQUEST NEW ENROLLMENT CHANGE EXISTING ENROLLMENT						
NEW ACCOUNT INFORMATION						
BANK NAME BANK ADDRESS			CITY	STATE	ZIP	
BANK ROUTING NUMBER (ABA)		BANK ACCOUNT NUMB	BANK ACCOUNT NUMBER			
TYPE OF ACCOUNT CHECKING SAVINGS						
REMIT TO EMAIL ADDRESS  ADDITIONAL REMIT TO EMAIL ADDRESS						
CURRENT ACCOUNT INFORMATION	(COMPLETE ONLY IF M	MAKING A CHANGE TO AN EX	(ISTING ACCOUNT ON FIL	<u>E WITH ASU)</u>	<u>l</u>	
BANK NAME	BANK ADDRESS		CITY	STATE	ZIP	
BANK ROUTING NUMBER (ABA)		BANK ACCOUNT NUMB	ER			
TVDE OF ACCOUNT						
TYPE OF ACCOUNT CHECKII REMIT TO EMAIL ADDRESS	NG SAVINGS	ADDITIONAL PEMIT TO	ADDITIONAL REMIT TO EMAIL ADDRESS			
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I acknowledge that electronic payments t	to the designated accoun	at must comply with the provision	ans of LLS law as well as the	o roquiroment	s of the Office	
of Foreign Assets Control (OFAC). <b>Check o</b>	_	it must comply with the provision	ons of O.S. law, as well as the	z requirement	s of the Office	
Laffirm that the entire amo	ount of any direct deposit	t payments made by Appalachia	an State University to the fin	ancial instituti	on and	
I affirm that the entire amount of any direct deposit payments made by Appalachian State University to the financial institution and account that I have designated; are not subject to being transferred to a foreign bank account.						
I affirm that the entire amount of any direct deposit payments made by Appalachian State University to the financial institution and						
account that I have designated; are subject to being transferred to a foreign bank account. I also understand that the University will elect to remit future payments to me via paper check instead of electronically.						
I authorize Appalachian State University t financial institution and account identifie						
authority will remain in effect until I canc		derstand and accept the conditi	ions of participation in the d	nect deposit p	nograni. mis	
				<del>,</del>	<del>,</del>	
SIGNATURE			DATE			