



University of Toledo ACH Payment Request Form

Action: NEW CHANGE CANCEL

Payee Contact Information

Name _____

Phone Number _____

Last 4 of SSN or DOB _____

*Used for reference in identification purposes only

Bank Information

Bank Name _____

ABA /Routing Number _____

Account Number _____

*Please do not list a debit card number as account number.

Account Type: Checking Savings

Preferred Email to Receive remittance
Information _____

Authorization

I certify that the above information is true and correct, and that as a representative for the above-named individual, I hereby authorize University of Toledo to electronically deposit payments to the designated bank account. This authority remains in force until University of Toledo receives a signed form requesting a change or cancellation.

Printed Name: _____

Date of Request: _____

Signature: _____

UT Department Name or Contact Name
for Request: _____

Email completed form to apinvoices@utoledo.edu