

## **Automated Clearing House (ACH) Request** for USA Suppliers/Contractors/Consultants

All fields must be completed

## SUPPLIER INFORMATION

Supplier ID	) (if known):			
If you are already enrolled for direct deposit and need to change your banking information please confirm the last 6 digits of your account number currently on file and provide your UBC Supplier ID.				
Account N	umber (last 4 digits):			
Legal Nam	e:		Email Address: Email address is required	for remittance advice of the payment.
Business Registration #/GST Registration #:				
Address Li	ne 1:		Address Line 2:	
City:		State:		Zip Code:
SUPPLIER BANKING INFORMATION:				
<ol> <li>Download a void cheque from your bank's online banking portal, have it physically stamped (not electronic) by your financial institution, and attach it to this form.</li> <li>Complete the banking details in the fields below in this form and have it stamped by your financial institution.</li> </ol> Other supporting documents for banking information, such as a bank letter, direct deposit information form, or e-cheque are also accepted if they are stamped by your financial institution. Attach Physical Void Cheque Here				
Bank Name (USA Financial Institution):				
Bank Address:				
ABA Routii	ng #:		Account #:	
AUTHORI	ZATION:			
I/We authorize that my/our payments be forwarded by deposit directly into the above account. I/We have attached a void cheque/bank letter. I have authority to provide the above information on behalf of the corporation/organization/payee.				
Name:			Signature:	
Title:			Email:	

Contact Phone #:

Date: