

# ACH DIRECT PAYMENT AUTHORIZATION

CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION  
(562) 985-5430

Vendor #

**ARE YOU A FIRST TIME PAYEE? IF SO, COMPLETE SUBSTITUTE W-9 FORM AND RETURN IT TO ACCOUNTS PAYABLE BEFORE PAYMENT WILL BE MADE.**  ON FILE  ATTACHED

PLEASE CHECK ONE:  NEW  CHANGE  CANCEL

(NEW: ACH Direct Payment begins 12 days after receipt of this form in the Foundation Office)

NAME OF PAYEE OR VENDOR NAME: \_\_\_\_\_  
Last First Middle

PAYEE ADDRESS: \_\_\_\_\_  
Street City State Zip

PAYEE PHONE #: ( ) - \_\_\_\_\_

**REQUIRED**

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**OR**

FEDERAL TAX IDENTIFICATION NUMBER: \_\_\_\_\_

**ACCOUNT INFORMATION:** (complete only for new requests or changes)

TYPE OF ACCOUNT (check one only)  Checking Account  Savings Account

Your Financial Institution's Routing Number: \_\_\_\_\_

Your Account Number: \_\_\_\_\_  
(Important: Attach a voided check or letter from your financial institution to verify account and ABA routing numbers)

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AUTHORIZATION:** (check appropriate line)

I hereby authorize CSULB Foundation to provide for direct payment of any invoice or reimbursement due to me into the above designated account.

If at any time the amount of payment so deposited exceeds the amount of payment actually due and payable to me, I hereby authorize the CSULB Foundation at its discretion to either withhold a sum equal to the overpayment from future payments or recover such overpayment from the above-designated account.

If any action taken by me results in non-acceptance of a direct payment by the designated financial institution, I understand that the CSULB Foundation assumes no responsibility for processing a supplemental payment until the amount of the non-accepted deposit is returned to the CSULB Foundation by the financial institution.

I hereby cancel my ACH Direct Payment authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS**  
**ACH DIRECT PAYMENT AUTHORIZATION**  
**CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION**  
(562) 985-7524

1. If a first time payee, complete and submit a Substitute W-9 form before payment will be made. The form may be downloaded from our website, click on forms ([www.foundation.csulb.edu](http://www.foundation.csulb.edu)).
2. If you currently do not have ACH Direct Payment, check the box, "NEW". Payee and/or vendors with pre-existing authorizations who want to change their bank account number should check the box "CHANGE". There is a delay of 10-12 days before new or changed information goes into effect during which your financial institution verifies the account information. You will receive a check for that invoice or reimbursement when changes are made to an ACH Direct Payment.
3. The Foundation will make every effort to contact you, if, for administrative purposes, it becomes necessary for the Foundation to issue a check instead of an electronic transfer.
4. Enter the Payee's full name, address, phone number and Social Security Number or Federal Tax ID. The name on our records must appear on your bank account records or your bank may reject the ACH Direct Payment. If you use a different name on your account, call your bank to verify if the deposit will be accepted.
5. Indicate whether your account is a checking account or a savings account.
6. Important: Attach void check or letter from financial institution verifying checking/savings account and ABA routing numbers.
7. Fill in your bank account number. For members of the Long Beach Schools Federal Credit Union, please specify your credit union member number from your credit union card.
8. Provide the name of your bank or credit union, the address of the branch where your account is located, and your bank's customer service phone number.
9. In the authorization section, please check the box authorizing the ACH Direct Payment of your invoices or reimbursements. Please read the authorization agreement. It is very important to inform the Foundation immediately if you close your account or change the name on your account.
10. To cancel ACH Direct Payment authorization, check the appropriate cancellation option.
11. Sign and date the authorization form. We cannot initiate ACH Direct Payment without your signed authorization.