



Northern Illinois University

Supplier Electronic Payment Authorization (ACH)

Legal Name _____

DBA _____

Address _____

City _____ State _____ Zip _____

Tax Identification Number _____

Check if applicable BEP Veteran-owned Business
 Small Business Set-Aside Program

Email address _____
(For deposit notification)

Contact Name _____ Contact Phone # _____

Financial Institution
Bank Name _____

ABA Routing # _____

Account # _____
(Select one) Checking Savings

Name on Account _____

I certify that the information provided on this form is correct. I authorize Northern Illinois University to direct payments to the financial institution designated above and to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all payments issued to the above-named payee by Northern Illinois University under the designated FEIN or SSN.

Authorized Signature

Date

Please return form to:
Northern Illinois University
Accounts Payable Services
Lowden Hall 208
DeKalb, IL 60115
or Fax to (815) 753-2007

NIU APS Use only:	
Supplier ID	_____
Entered	_____
Verified	_____
Init	Date

Completing this form does not guarantee payments will be made by ACH as all forms are subject to review and final approval by Accounts Payable and Procurement Services. Any ACH form not received directly from the supplier or any supplier that would charge a fee for receiving payments by ACH will not be accepted.