



COASTAL ALABAMA COMMUNITY COLLEGE

VENDOR SETUP AND PAYMENT AUTHORIZATION FORM

The information being collected on this form will be used by the Alabama Community College System Office to transmit payment data, by electronic means, to a vendor's financial institution. As an extra security measure, we are requesting an additional account contact who will validate any changes submitted to our office to ensure accuracy of information. Failure to provide the accurate information may delay or prevent the receipt of payment through ACH Payment System.

VENDOR INFORMATION

NAME: _____

FEDERAL I.D.#: _____ DUNS #: _____

WEBSITE: _____

PHYSICAL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

MAILING

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

REMIT

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PRIMARY CONTACT

NAME: _____

PHONE: _____ EXT: _____

EMAIL: _____

ACCOUNT CHANGE VERIFICATION CONTACT

NAME: _____

PHONE: _____ EXT: _____

EMAIL: _____

FINANCIAL INSTITUTION INFORMATION (Please attach a voided check or bank generated account validation document.)

(9) DIGIT ROUTING NUMBER: _____

DEPOSITOR ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS

ACH COORDINATOR NAME: _____ PHONE: _____

REQUESTING AGENCY INFORMATION

NAME: Coastal Alabama Community College

ADDRESS: 1900 Highway 31 S, Bay Minette, AL 36507

CONTACT NAME: Tonya Banks PHONE: 251.401.8391

Please post this document to the secure Dropbox link previously provided.

Validated _____ Date _____ Change _____ Date _____