



2375 Gordon Road  
Alpena, MI 49707

# VENDOR ACH/DIRECT DEPOSIT AUTHORIZATION FORM

989-358-4600  
nemcsa.org

Vendor # \_\_\_\_\_

## 1. Please Check One

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

## 2. Vendor/Payee Information

Name:

Primary Contact (if different than above):

Address:

Telephone Number:                    -                    -

## 3. Financial Institution Information

Name of Financial Institution:

Address:

Account Number:

Routing (ABA) Number:

Type of Account:

Checking

Savings

*\*Please include a void check or financial institution direct deposit form if available.*

## 4. Important Information

NEMCSA offers direct deposit/electronic ACH payments to employees and vendors. Benefits of this form of payment include cost savings, quicker delivery to the vendor, and safer. Payment amounts may not be split amongst multiple bank accounts. The entire payment amount will be deposited into your bank account on file. There will not be a check stub mailed. It is your responsibility to ensure payment was deposited into your bank account. Changes will not be accepted via telephone. This form must be completed for a change to be made. Please submit this form to NEMCSA-Accounts Payable.

NEMCSA Accounts Payable:  
2375 Gordon Road Alpena, MI 49707  
989-356-3474  
smigelskiy@nemcsa.org

## 5. Authorization

I have read the above information regarding Accounts Payable ACH/Direct Deposit and authorize Northeast Michigan Community Service Agency to electronically deposit payments to the bank account designated above. It is my responsibility to notify NEMCSA Accounts Payable immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice paid. I understand that I must notify NEMCSA Accounts Payable in writing immediately of any changes in status or banking information. I understand that this authorization form will remain in full force and effect until NEMCSA Accounts Payable has received written notification requesting a change or cancellation and has had a reasonable opportunity to act on it.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_