

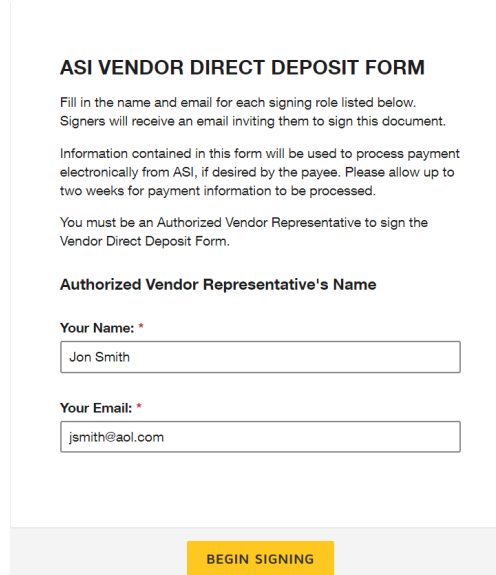
Vendor Direct Deposit Form

Purpose: The ASI Vendor Direct Deposit form is used as an “application” for payees to complete for an electronic payment via ACH or Zelle.

Filling out the Vendor Direct Deposit Form

Payees can submit the Vendor Direct Deposit Form on the ASI Financial Services website. These forms will be reviewed by an ASI representative, and processing time will take about 2 weeks.

1. Navigate to the ASI Financial Services webpage
 - a. Forms and Instructions > Vendors> Accessing Your Funds>Vendor Direct Deposit Form
2. Enter your full legal name and email address and then click “Begin Signing”



ASI VENDOR DIRECT DEPOSIT FORM

Fill in the name and email for each signing role listed below.
Signers will receive an email inviting them to sign this document.

Information contained in this form will be used to process payment electronically from ASI, if desired by the payee. Please allow up to two weeks for payment information to be processed.

You must be an Authorized Vendor Representative to sign the Vendor Direct Deposit Form.

Authorized Vendor Representative's Name

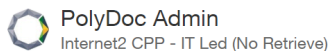
Your Name: *

Your Email: *

BEGIN SIGNING

3. You will need to verify your identity; the access code will be sent to your email
 - a. Enter the access code and click “Validate”

Please enter the access code to view the document



An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.




Access Code

VALIDATE I NEVER RECEIVED AN ACCESS CODE

Hide Text

- b. Read the Electronic Record and Signature Disclosure and click the checkbox and “Continue”

Please Review & Act on These Documents

 PolyDoc Admin
Internet2 CPP - IT Led (No Retrieve)

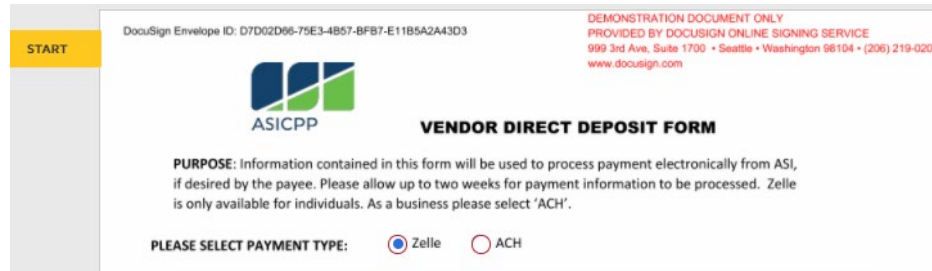


Powered by **DocuSign**

 Please read the [Electronic Record and Signature Disclosure](#).
 I agree to use electronic records and signatures.

4. Begin filling out all required information

- a. Select payment type
- b. **Note:** Zelle is only available for individuals. All businesses must select ACH.



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VENDOR DIRECT DEPOSIT FORM

PURPOSE: Information contained in this form will be used to process payment electronically from ASI, if desired by the payee. Please allow up to two weeks for payment information to be processed. Zelle is only available for individuals. As a business please select 'ACH'.

PLEASE SELECT PAYMENT TYPE: Zelle ACH

- c. Select Type of Action: New, Change, or Cancellation
 - i. New: this selection would be for payee's applying for direct payment for the first time
 - ii. Change: this selection would be for a change to a Vendor DD form that is currently active
 - iii. Cancellation: this selection is to cancel a Vendor DD form that is currently active

TYPE OF ACTION New Change Cancellation

- c. Enter payee information
 - i. Payee legal name: must be full name as associated with banking institution
 - ii. Address must be current

PAYEE INFORMATION

Payee Legal Name

Address

City, State, Zip Code

- d. Enter banking information
 - i. If selecting Zelle, you will only be required to enter the phone number or email address associated with account

ACH/ZELLE INFORMATION

Please be sure your mobile number and email address is associated with a current Zelle account. You must register for Zelle with your financial institution prior to signing up for Zelle direct deposit.

Phone Number

Email Address

Type Of Account: Checking Savings

Financial Institution Name

Account Number

Routing Number

- ii. If selecting ACH, you will be required to enter a phone number and email address for identity verification purposes.
- iii. You will also need to enter your routing number and account number in which you would like to receive the funds

ACH/ZELLE INFORMATION

Please be sure your mobile number and email address is associated with a current Zelle account. You must register for Zelle with your financial institution prior to signing up for Zelle direct deposit.

Phone Number

Email Address

Type Of Account: Checking Savings

Financial Institution Name

Account Number

Routing Number

- 5. If payee wants to opt out of direct payment, a cancellation form must be submitted
 - a. Select which “payment type” you originally were enrolled in and fill highlighted boxes
 - b. Select Cancel Direct Deposit
- 6. Review the form and ensure all information was inputted correctly and select the Authorization check box

CANCELLATION

Cancel Direct Deposit I hereby authorize ASI to cancel my current direct deposit action. Any further payments will be delivered as a check.

AUTHORIZATION

I certify all information entered is correct

- 7. Lastly, read the through the Terms and Conditions
 - a. Select the check box
 - b. Type full name
 - c. Type title (student, business owner, etc.)
 - d. Select “Finish” at top right corner of form to submit

- i. **Note:** After the form is submitted, please allow 1-2 weeks for form to be processed

FINISH **FINISH LATE**

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- ASI will be responsible for loss of funds only when the loss is due solely to the negligence of ASI.
- ASI will not be responsible for any fees to the payee's bank in relation to the transfer of funds.
- ASI will not be required to pay late fees if the funds remitted are not applied to the payee's account, through no fault of ASI.
- By signing this agreement, ASI is authorized to send payment emails and texts to the payee.

I have read and understand these terms and conditions

Jon Smith

PAYEE/AUTHORIZED REPRESENTATIVE'S NAME



SIGNATURE

Student

TITLE

8/30/2021

DATE