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”

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

Revised: 09/13/2021
4. Begin filling out all required information
   a. Select payment type
      b. Note: Zelle is only available for individuals. All businesses must select 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
   d. Enter payee information
      i. Payee legal name: must be full name as associated with banking institution
      ii. Address must be current
   d. Enter banking information
      i. If selecting Zelle, you will only be required to enter the phone number or email address associated with account

Revised: 09/13/2021
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

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

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

Revised: 09/13/2021
i. **Note:** After the form is submitted, please allow 1-2 weeks for form to be processed.

- 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

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<tr>
<th>PAYEE/AUTHORIZED REPRESENTATIVE’S NAME</th>
<th>TITLE</th>
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<tbody>
<tr>
<td>Jon Smith</td>
<td>Student</td>
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**SIGNATURE**

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