How to

Enrollment Process for ACH

A Direct deposit form is required when a payee would to enroll in electronic payments. A Disbursement Request (DR) form is required to complete the transaction.

Send us a request at <u>asipayables@cpp.edu</u> and provide the information below for the payee so we can send them a copy of the form via Adobe Sign. Processing time can take 5-7 business days.

- 1. Payee first and last name
- 2. Payee e-mail address.

Required Information for Vendor Direct Deposit Form

The vendor will receive an email notification from Adobe Sign to fill out and complete the form. First, click on "Review and Sign" to access the form.

- 1. Type of Action:
 - a. New: Payee is applying for direct payment for first time
 - b. Change: change in banking information, name, etc. for a form that is currently active
 - c. Cancellation: canceling a form that is currently active
- 2. Payee Information:
 - a. Enter full name and address.
- 3. ACH Information
 - a. Type of Account: select which account you want the funds to be deposited.
 - b. Enter Bank name and routing number/account number.

 Note: contact your bank if you do not have this information
- 4. Authorization
 - a. Review the information you have entered. If everything is accurately filled to the best of your knowledge, please, select the box "I certify all information entered is correct".
 - b. Read the "Terms and Conditions" page and electronically sign the form. Notification will be automatically emailed to Financial Services.



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.

| AYEE INFORMATION | | | | | | |
|-----------------------|-------|---------|-------|------|-------|--|
| Payee Legal Name | | | | | | |
| Billy Bronco | | | | | | |
| Address | | 2 | | | | |
| 3801 W. Temple A | ve. | _ | | | | |
| City, State, Zip Code | | | | | | |
| Pomona, CA | 91768 | | | | | |
| CH INFORMATION | | | | | | |
| Type Of Account: | | ○ Check | cking | O Sa | vings | |
| Financial Institution | Name | | | | | |
| Schools First Bar | nk | | | | | |
| Routing Number | | | | | | |
| 5555555 | | | | | | |
| Account Number | | | | | | |
| 5555555 | | | | | | |
| | | | | | | |

Terms & Conditions

By submitting the completed and signed vendor direct deposit form, it is agreed:

- There may be a delay in direct deposit processing for up to 2 weeks.
- These terms and conditions may be changed at any time and the payee will be notified; however, a new form will not be requested to be signed.
- ASI may cancel this agreement at any time upon notice to the payee.
- This authorization is to stay in effect until the vendor submits an additional form requesting cancellation or replacement. Please allow 2 weeks for changes to take effect.
- ASI will consider payment made when the payee's financial institution has control over funds.
- ASI will not be responsible for any loss arising from error, mistake, or fraud regarding
 information on the form. A payment that has been processed cannot be canceled or stopped.
 The information contained on this form will not be confirmed with the payee prior to
 payment.
- ASI has the right to adjust or deny future payments if previous payments are found to be duplicates, fraudulent, in error, or require any other adjustment under the terms of this agreement.
- 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.
- If canceling, I hereby authorize ASI to cancel my current direct deposit action. Any further payments will be delivered as a check
- 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:

PAYEE/AUTHORIZED REPRESENTATIVE'S NAME

TITLE

Billy Bronco

Student

SIGNATURE

DATE

Billy Bronco (Jun 14, 2023 10:03 PDT)

06/14/2023