

**Vendor Information**

Vendor Name		Vendor No. (AP Office Use)	
Address	City	ST	Zip
Vendor Contact Name/Title	Phone	Fax	
Email Address for Remittance Advice (**required**)			

The above named Vendor hereby authorizes the CSU Bakersfield to originate Automated Clearing House (ACH) credit entries to the Vendor's account, as indicated below, for payment/reimbursement of goods and/or services. Route the completed form thru adobe sign to [travel@csub.edu](mailto:travel@csub.edu)

**Banking Information**

Checking

Savings

Name on Bank Account	
Name of Bank	
Bank Routing Number*	Bank Account #

\*Please provide the 9 digit bank routing number\*

The routing number from a deposit slip is invalid, if your organization has a change in bank accounts, please provide at least thirty (30) day notice.

**Vendor Authorization**

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Authorized Name/Title                      Authorized Signature                      Date

CSU Accounts Payable Use:	Date Received:	Date Entered:	Entered By:
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Print Form