

Dear Valued Supplier:

In a continuing effort to better service our suppliers, we would like to begin sending your payments by ACH, Automated Clearing House, directly to your bank account. The survey below will assist us in setting up pertinent information in our supplier master files in order to begin this new process.

Supplier Name & Address:	
Bank Name	
Routing Number	Account Number
Account Type (ie Business,	Savings, Checking)
Would you like the payment	sent via standardACH format orCCD+?
E-mail address(s) for remitta	ance information:
Contact Name	Contact Phone
Person completing question	naire (Please Print)
Signature Title	
Phone Number	
Thank you for taking the tim you shortly.	ne to complete this survey. Someone will be in contact with
Surveys can be returned to:	University of Louisville Controller's Office/Service Complex Louisville, KY 40292 Or faxed to: 502-852-8228 Or e-mailed to: acctspay@louisville.edu

If you have any questions, please call 502-852-8237.