



Email: aptandeteam@ucmail.uc.edu
Phone: (513) 556-6746

Members of registered student organizations should email their completed form to the Center for Student Involvement at ucinvolvement@uc.edu

SECTION 1: CONTACT INFORMATION

TAX IDENTIFICATION NUMBER (TIN)
OR SOCIAL SECURITY NUMBER (SSN)

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Please note: We are required to obtain your Tax Identification Number pursuant to Section 6109 of the Internal Revenue Code so that we can report if involves reportable income paid to you to the IRS as required by law. **Note: TIN for company and SSN for individuals**

NAME OF COMPANY OR INDIVIDUAL

STREET **SUITE/ROOM #** **CITY**

STATE **ZIP CODE** **PHONE** **EMAIL ADDRESS**

UNIVERSITY'S CONTACT NAME

TYPE OF TRANSACTION

SELECT TYPE OF BUSINESS WITH THE UNIVERSITY

- | | | |
|---------------|------------------------|------------------------|
| Add | Purchase Order Related | Honorarium/Scholarship |
| Change/Update | Independent Contractor | Other |
| Inactivate | Expense Reimbursement | |

SECTION 2: NEW BANKING/ADD

SECTION 3: PRIOR BANKING FOR CHANGES/UPDATES

BANK VERIFICATION MUST BE ATTACHED

MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT

NEW FINANCIAL
INSTITUTION NAME
ACCOUNT TYPE CHECKING SAVINGS

PRIOR FINANCIAL
INSTITUTION NAME
ACCOUNT TYPE CHECKING SAVINGS

NEW ACCOUNT NUMBER
Account Number supplied must match attached bank verification

PRIOR ACCOUNT NUMBER
Account Number supplied must match previous Account Number on file

NEW TRANSIT ROUTING/ABA NUMBER

PRIOR TRANSIT ROUTING/ABA NUMBER

SECTION 4: READ THE AGREEMENT, SIGN & DATE

- I (we) acknowledge that any account changes must be reported to UC's Accounts Payable Department thirty (30) days prior to the effective date and that this authority will remain in effect until I (we) notify in writing that I (we) wish to revoke this authorization.
- I (we) hereby authorize the University of Cincinnati to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.
- I (we) hereby authorize the University of Cincinnati to verify the validity of the account information provided.

**By signing below, I (we) acknowledge receipt of, and agree to the terms described herein.
I (we) have attached a W9, voided check and /or bank letter verification supporting this form**

SIGN YOUR NAME HERE

PRINT YOUR NAME HERE

DATE