



Reference invoice(s): _____

Account No. _____

Note: Olympic College no longer issue a check—Effective immediately!

ACH VENDOR PAYMENT ENROLLMENT Form – Direct Deposit CTX FORMAT

or

Vendor accept Credit Card

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under provisions of 31 U.S.C. 3322 and 31 CFR 210.

This information will be used by Olympic College to transmit payment data by electronic means to vendor’s financial institution. Failure to provide requested information may delay or prevent the receipt of payment through the Automated Clearing House Payment System.

Company Information

Payee/Company Name: _____

SSN or Taxpayer ID: _____

Address: _____

Contact Person Name: _____ Telephone Number: _____

Remittance Advice Email: _____

Financial Institution Information

Bank name: _____

Address: _____

Account Number: _____

Routing Transit Number: _____

Type of Account: _____ Checking _____ Savings

Note: Your Security is Olympic College and U.S. Bank’s top priority.

We understand the importance of security when managing your finances online. U.S. Bank or Olympic College will never ask or request for sensitive confidential information such as user name, passwords or payment security codes via email, telephone or text message.