



Accounts Payable
Finance & Administration
UNIVERSITY OF GEORGIA

Supplier ACH

Forward completed forms to:
The University of Georgia Accounts Payable Department
Attn: Supplier Registration
424 East Broad Street
Athens, GA 30602

Name _____

Business Name/Disregarded Entity Name _____

Main Address _____

City _____ State _____ Zip Code _____

Remit to Address Same as Main Address

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email Address _____

Contact Name _____ Taxpayer ID Number EIN/SSN _____

Additional Information _____

Bank Name _____ ACH Account Type Savings Checking

Bank Address _____

City _____ State _____ Zip Code _____

Beneficiary Name on Account _____

Email for Remittance Notification _____

Routing ACH Number _____ Account Number _____

Telephone Number _____ Fax Number _____

Signature

Date

Printed Name

Title

Please include documentation from your bank confirming your account information and the ACH routing Number.