



# ACH Enrollment Form

Albert Einstein College of Medicine

Vendor       MD Student       Faculty/Staff       PhD or MD-PhD Student

Desired Action:  Set up new account     Update Existing ACH Account

Payee Information (please print):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Banner ID#: \_\_\_\_\_

ACH Information - Payments to be deposited to the following bank account:

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Routing (ABA) #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Important:**

**Vendors** – Attach banking instructions, shown on your bank’s letterhead listing the company name and address, routing number, and account number along with the ACH form.

**Student/Faculty/Staff** - Attach a voided check along with the ACH form.

I authorize Albert Einstein College of Medicine to deposit payments into the accounts indicated above. I agree that this authorization will remain in effect until written notification to Albert Einstein College of Medicine terminating this service.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Administration Approval**

Department \_\_\_\_\_  
(Student ACH forms must be approved by the department submitting the ACH form.)

Finance \_\_\_\_\_

Purchasing \_\_\_\_\_

**Send Completed Forms To:** Accounts Payable: [nirvanie.kharran@einsteinmed.org](mailto:nirvanie.kharran@einsteinmed.org)

Nirvanie Kharran: \_\_\_\_\_ Date: \_\_\_\_\_ Helen Martinez: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initial) (Initial)

For instructions, see the [ACH Enrollment Instructions, PRO-WIN-2018-001](#)