



ACH VENDOR SETUP REQUEST

Vendor Name	
Bank Name	
ABA#	
Account#	
Bank Address	
Bank Contact	
Telephone#	
Vendor Contact#	
Telephone#	
FAX#	

<u>OSU Contact Name:</u>
<u>Telephone#:</u>
<u>E-mail:</u>

Send Completed Form to:
Sharon Marquis
Accounts Payable