

The Cooper Union for the Advancement of Science and Art

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AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information

Vendor/Individual's name				
Remittance address				
City		State	Zip	
Contact name				
Email address				
Banking Information Bank name				
Bank address				
City		State	Zip	
Bank contact name				
ABA Routing #	Account	#		
Account type (please check only one)	Checking 🗌] Savings		

Vendor's Authorization

Please sign below to confirm that you are authorizing The Cooper Union for the Advancement of Science and Art to begin transferring payments for your invoices to the account mentioned above.

Signature			Date
Title			
Telephone number	()	

Please submit the completed form via email to <u>Robert.Ryan@Cooper.edu</u>.