



## ELECTRONIC DEPOSIT (ACH) AUTHORIZATION AGREEMENT

<b>COMPANY NAME *</b>		<b>FEIN or SSN *</b>	
<b>REMIT-TO ADDRESS LINE 1 *</b>			
<b>REMIT-TO ADDRESS LINE 2</b>			
<b>CITY *</b>	<b>STATE *</b>	<b>ZIP *</b>	<b>TELEPHONE *</b>
<b>EMAIL [REMITTANCE ADVICE] *</b>		<b>COMPANY NAME AS IT APPEARS ON BANK STATEMENT *</b>	

<b>DEPOSITORY/BANK NAME *</b>		<b>BRANCH ADDRESS *</b>	
<b>CITY *</b>	<b>STATE *</b>	<b>ZIP *</b>	<b>TELEPHONE *</b>
<b>TRANSIT/ABA# *</b>		<b>ACCOUNT # *</b>	
		<u>Select</u>	<b>CHECKING</b>
		<u>One: *</u>	<b>SAVINGS</b>

Company hereby authorizes The Medical College of Wisconsin, Inc., hereinafter referred to as MCW, to initiate credits to Company's account indicated above for invoice-related payments.

This authorization is to remain in effect until MCW has received written, signed notification from Company of this authorization's termination in such time and in such manner as to afford MCW and the DEPOSITORY an opportunity to comply with the same within 30 days upon receipt. Company understands that it must inform MCW Accounts Payable of changes in its DEPOSITORY, including changes to name, account number, and/or account closing.

<b>SIGNATURE *</b>	<b>PRINTED NAME *</b>
<b>TITLE *</b>	<b>DATE [MM/DD/YYYY] *</b>
<b>SIGNATURE</b>	<b>PRINTED NAME</b>
<b>TITLE</b>	<b>DATE [MM/DD/YYYY]</b>

**CONTACT INFORMATION:**

The Medical College of Wisconsin, Inc.  
 Attn: Accounts Payable  
 8701 Watertown Plank Rd.  
 Milwaukee, WI 53226  
 Email: ap\_sbank@mcw.edu  
 Phone: (414) 955-8392

**INSTRUCTIONS:**

- 1) Complete all mandatory fields [\*].
- 2) Electronically sign and date the form.
- 3) Pre-validate the form for completeness.
- 4) Submit the form.

**\*\*Note:** Please prepare a separate form for each unique remit-to address.