



GSON Student Vendor/Payee ACH/EFT

BJC Health System (“BJC”) is hereby authorized to initiate credit entries to the account and institution named on this form for monies due from BJC and member organizations to the vendor/payee named below (the “Vendor/Payee”). The institution named in this authorization is directed to credit the account named below for monies due from BJC and member organizations to the Vendor/Payee. BJC is authorized to reverse any credit entries put through in error only and only for the full amount of the original deposit. This authorization will remain in effect until a change is submitted in writing to the director of the BJC Health System Accounts Payable Department at Mailstop 90-68-100, 4353 Clayton Avenue, Saint Louis, Missouri 63110. This authorization will replace any previous authorization to direct payment by ACH/EFT (automated clearing house/electronic funds transfer).

All fields are required to be completed. Please print.

Vendor/Payee information:

Student Name: _____

Street & Apt #: _____

City, State & Zip: _____

BJC Outlook e-mail: Used to notify student regarding initiated credits:
_____ **@BarnesJewishCollege.edu**

Institution information (e.g., bank, savings & loan, credit union, broker, etc.):

Account number: _____

Routing number: _____

Type of Account: Checking Savings

Institution name: _____

Student signature: _____

Date: _____

SUBMIT TO GSON BUSINESS OFFICE WITH A VOIDED CHECK.

[Write “VOID” on a blank check -- do not write over the account or routing numbers.]

Internal use - vendor number: _____