NOTIFICATION OF INCOMING ACH OR WIRE TRANSFER PAYMENT

Date: __________

Sender's Information (who and where are the funds coming from)

Name of person, company, institution, etc. sending the funds

Name of the bank sending the funds:

Country funds will be coming from:

Date funds are expected to be received:

Amount expected: __________ Exact Amount __________ Estimated Amount __________

Type of currency: U.S. Dollars __________ other: __________ ____________________________

Will this be a recurring incoming payment? Yes __________ No __________

If yes, how often? __________

Banner accounting information to record payment to department index/account

Department name: __________

Department index: __________ Account code: __________

Reason for payment: __________

KSU department contact information

Name: __________ Phone: __________

This form is required to be completed if your department has provided electronic banking instructions to a vendor and they are expected to make payment via an ACH or wire transfer. This form provides the Controller's office with the accounting information needed in order to post the transaction to your department index and account code listed above. A copy of the invoice or other supporting documentation is required.