

DATE

CONTACT NAME

FIRM NAME

ADDRESS

CITY, STATE ZIP

RE: PROJECT NAME – PROJECT NUMBER

Enclosed are two copies of a professional services agreement between your firm and the Board of Trustees of the University of Illinois in connection with the above-referenced project. If the agreement in its present form meets with your approval, please sign, seal, and return all copies to this office. Please attach two certificates or memoranda of insurance (as noted in Article J). Please include the written program that meets or exceeds the requirements of the Substance Abuse Prevention on Public Works Projects Act (820 ILCS 265).

All vendors are required to comply with applicable provisions of the Illinois Procurement Code (30 ILCS 500/1 et seq.). Vendor shall provide all required forms completed by subconsultant(s) as required in Section D - Subconsultants of the Owner/Professional Services Agreement. Electronic copies of the required forms and the file naming convention are available online at: <http://www.uocpres.uillinois.edu/architects/contracts>.

The awarded Professional Services Consultant will be required to register with the Owner's Vendor Services Application and will be required to ensure that all subconsultants, included on Attachment D of the Agreement are also registered in the Owner's Vendor Services Application. The vendor registration module of the Vendor Services Application can be accessed at:

<https://appserv6.admin.uillinois.edu/VendorRegistration/open/VendorSearch.jsp> .

For your consideration is the following payment option:

Request for Electronic Payment:

The University of Illinois is offering enrollment in the ACH/Direct Deposit Program. Upon processing of the required form, authorized payments from the University would be made directly to your company's designated bank account, without the production of a paper check. If you are interested in enrolling in our program, please review the instructions with the "Request for Electronic Payment" form, complete the form and submit it according to the instructions. The "Request for Electronic Payment" form along with 'Terms & Conditions' and 'Instructions' are attached.

A signed copy of the agreement will be returned to you after processing by the University.

Sincerely

PROJECT MANAGER

PM/sec

Enclosures (#)

University of Illinois
REQUEST FOR ELECTRONIC PAYMENT

(to be completed by Company)

Company Name: _____

Address: _____

City/State/Zip: _____ / _____ / _____

Contact/phone/email: _____ / _____ / _____

Company FEIN Number: _____

Will any portion of any payment be directed to a foreign bank account? Yes No

If you do not currently plan to send funds to a foreign bank but will in the future, you must notify University Payables.

We hereby authorize the University of Illinois to initiate credit entries to the following corporate account at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. We acknowledge that the origination of ACH transactions to our account must comply with U.S. law and additionally we agree to be bound by the NACHA Operating Rules for all entries initiated to said account.

Furthermore, in the event that an erroneous credit is initiated to the below described account, we hereby provide authorization to the University of Illinois to initiate a debit in the amount of the erroneous credit entry.

This authorization is to remain in full force and effect until the University of Illinois has received written notification from the undersigned of its termination in such time and in such manner as to afford the University and DEPOSITORY a reasonable opportunity to act on it.

By my signature below, I attest that I have read the Terms and Conditions for Electronic Payment on the back of this form and agree to abide by such terms and that I have the authority to bind my Company to such terms.

Signature of Company CFO Date

Printed Name of Company CFO Title

(to be completed by Financial Institution/Depository)

Depository Name: _____

Depository Contact Name/Phone: _____ / _____

City/State/Zip: _____ / _____ / _____

Depository Contact Signature: _____

ABA/Routing Transit Number: _____

(9 digits including the check digit)

Account Holder Name: _____

(Name exactly as it appears on the account at the DEPOSITORY)

Account Number: _____

(For the account holder at said DEPOSITORY)

Account Type: _____

(checking or savings)

(Please see page 2)

University of Illinois
REQUEST FOR ELECTRONIC PAYMENT

Terms & Conditions

- ACH transactions are governed by the operating rules of the National Automated Clearinghouse Association.
- This authorization is to remain in full force and effect until the University of Illinois has received written notification from the Company of its termination in such time and in such manner as to afford the University and DEPOSITORY a reasonable opportunity to act on it
- This authorization provides for the University to initiate debit entries to correct erroneous credit entries that may occur.
- All payments made by the University through University Payables to the Company will be made via ACH and deposited to the single designated vendor account. No provisions are currently available to route specific payments (originated from specific campuses or departments) to different company bank accounts. *Once a company authorization is in place, all payments to that company (regardless of the source or nature of the payment) will be delivered to the designated bank account.*
- Payments will be made in their entirety to the single designated company account. No provision exists for splitting payments and directing them to multiple accounts.
- All payments made by the University through University Payables to the company will be subject to various banking holidays that may or may not coincide with holidays observed by the University and/or the company.
- In no circumstance is the University responsible for any banking fees assessed by the company's financial institution.
- Due to the nature of direct deposit, it is not possible to attach contracts, remittance documents or other materials to payments. Companies must be prepared to accept such documents via separate mailings.
- Inquiries from the vendor regarding individual payments should be directed to University Payables Customer Service staff at 217 333-6583, or via email at: "obfsupay@uillinois.edu".
- All existing University procedures and policies regarding procurement, invoice processing, approval, payment and audit will remain in effect.

Instructions

- Company CFO should review this entire document and complete box #1 of page #1
- Original document should then be routed to the EFT Coordinator of the company's financial institution (depository)
- Box #2, page 1 should then be completed by the financial institution/depository's EFT coordinator
- Then, the original completed document should be mailed to:

University Payables
ATTN: Vendor Maintenance Group
Illini Plaza Building Suite 210 MC-660
1817 South Neil Street
Champaign, IL 61820

- Enrollment or procedural questions may be directed to the address above, or via phone at : 217/333-6583

For University internal use only:

Date Received: _____ Date Contacted: _____ By: _____

Approved by: _____

Processed By: _____ Date Processed: _____ Company Banner ID: _____