

University of Kentucky
ACH Transmittal

Department Name _____ No. _____

Mailing Address _____

Contact Name (Printed) and Phone _____

	ACH Information
Amount of ACH	
Bank Description	
G/L Account	
Date Expected	
Notes	

Department Head or Authorized Agent - signature

****This form is to be forwarded to Treasury Services, in the place of predeposit cash transmittals.****