

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.\*\***