University of Kentucky **ACH Transmittal**

Department Name		No
Mail	ing Address	
Cont	tact Name (Printed) and Pho	one
		1
		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.