

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
**Accounts Payable Department**  
**ePayables (Credit Card Payment) Sign Up Form**

**TRANSACTION TYPE - Section 1**

New Set-Up (Sections 2, 3, & 4)	Add / Update Comments (Sections 2, 3 & 5)
Change Payee Name / FEIN (Sections 2, 3 & 4)	
Change Email (Sections 2, 3, & 4)	Cancellation (Sections 2, 3 & 6)

**PAYEE IDENTIFICATION - Section 2**

Federal Employer's Identification Number (FEIN)			
Business Name		Business Phone Number	
Street Address	City	State	ZIP Code

**AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION - Section 3**

I authorize the Medical University Hospital Authority, and/or its designated banking partner, to provide electronic remittances in the form of ePayables (credit card payments), to the email address(es) listed in Section 4, below. I affirm that the information provided on this form is accurate and complete to the best of my ability.

I agree to process ePayables no more than ten (10) business days from the date of notification, and to alert the Medical University Hospital Authority, upon discovery, of any limitation which would prevent me doing so. I understand that funds not taken in a timely manner will expire, resulting in payment delays.

I understand that changes submitted on this form will be used for ePayables payment purposes only, and that this form does not constitute sufficient notice as it relates to change in material business details.

Absent any superseding agreement, I acknowledge that cancellation of ePayables may result in modified invoice payment terms.

I consent to and agree to comply these terms, which are to remain in full force and effect until the Medical University Hospital Authority has received written notification from me/my organization of its termination in such time and in such manner as to afford the Medical University Hospital Authority and its ePayables banking partner a reasonable opportunity to act on it.

Authorized Signature	Printed Name	Date

**E-MAIL ADDRESS - Section 4**

(E-mail address is to be used for electronic remittance advice. Up to two (2), semi-colon separated email addresses max.)
E-mail

**COMMENTS - Section 5**

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**CANCELLATION - Section 6**

Reason

For Office Use Only: Vendor Location Code

**Note:** It may take up to two weeks to establish an ePayables account. During this enrollment period, any payments made will remit according to your current payment method. If you have any concerns about payments issued during enrollment, please reach out to [muha-ap@musc.edu](mailto:muha-ap@musc.edu)