

## Electronic Funds Transfer Authorization Agreement Instructions

## Section 1

- A. Check the appropriate box to indicate the type of action: New or Change
- **B.** Enter the complete name, address, phone and email contact for remittance notification.
- C. Enter the Federal Tax Identification number of the payee
- **D.** If **Change**, must provide banking information of account currently on file at Purdue.

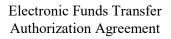
## **Section 2**

- **A.** Provide the name and phone number of the financial institution authorized to conduct the transaction.
- **B.** Enter the ABA/Routing number of the selected financial institution. This is a nine-digit number that is shown on your check. It may also be obtained by contacting your financial institution.
- C. Enter the account number to which the electronic funds transactions are to be credited.
- D. Indicate whether the account is a checking or savings account.

An authorized signer on the bank account must sign this authorization form. Please forward the signed authorization form to:

Accounts Payable Purdue University 1281 Win Hentschel Blvd Ste 1100 West Lafayette, IN 47906-4182

If you have any questions, please contact ap@purdue.edu.





## **Section 1**

Print Payee Name		Phone Number
Address	City	State Zip
Contact Name	Emai	l Address – required for payment notification
Federal Tax ID # EIN  For Change, provide banking	SSN  ng information currently on f	Select Action  New Change ile at Purdue Accounts Payable.
Financial Institution	Routing Number	Account Number
Section 2		
> Provide new account information.		
Financial Institution		Bank Phone
		Checking Savings
Bank ABA/Routing Number		
Bank Account Number		
You (Payee) must notify Purdue Uni	e United States. We will then need	structed your bank to transfer Purdue's electronic d to collect additional information from you so that our le for any resulting delays.
provided for direct deposit transac University to initiate credit entries	ctions and am entitled to provides, and debit entries in the event	authorized signer or designate of the account le this authorization. I hereby authorize Purdue of overpayment, to the account and financial until revoked by the Payee in writing to the Purdue
Signature		Title
Printed name		Date