Electronic Funds Transfer Authorization Agreement

 Instructions

Effective 5/1/23

Section 1

1. Enter the complete payee’s name, address, phone, and email contact for remittance notification.
2. Enter the Federal Tax Identification number of the payee.
3. If payee was previously paid via ACH and there is a change in banking information, enter the prior banking information in the top (section 1) of the form.

Section 2

1. Provide the name and phone number of the financial institution authorized to conduct the transaction.
2. 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.
3. Enter the account number to which the electronic funds transactions are to be credited.
4. **Indicate whether the account is a checking or savings account**.
5. An authorized signer or designate of the account must sign and print their name, their department or title, and the date signed.

An authorized signer on the bank account must sign this authorization form.

DO NOT SEND BANK ACCOUNT INFORMATION VIA EMAIL. EMAIL IS NOT SECURE.

If you have any questions, please contact pnwpayables@pnw.edu .

Electronic Funds Transfer Authorization Agreement

Section 1

dd



Print Payee Name (as it appears on the bank account)

Phone Number

Address

City

State

Zip

Contact Name

Email Address – required for payment notification.

Federal Tax ID#

EIN

SSN

**Change in banking information:** (*If previously being paid via ACH, and there is a change in banking, provide the banking information currently on file at Purdue Accounts Payable.)*

Prior Financial Institution

Prior Routing Number

Prior Account Number

Section 2

I certify that the information provided is correct and that I am an authorized signer or designate of the account provided for direct deposit transactions and am entitled to provide this authorization. I hereby authorize Purdue University to initiate credit entries, and debit entries in the event of overpayment, to the account and financial institution listed above. This authorization will remain in effect until revoked by the Payee in writing to the Purdue University Vendor Data Team.

*Signature of Authorized Signer on Bank Acct.*

*Title*

*Printed Name*

*Date (Month-Day-Year)*

**New banking information:**

New (Bank) Financial Institution

New Bank Phone Number

New Bank ABA/Routing Number

Checking

Savings

New Bank Account Number