

Electronic Funds Transfer Authorization Agreement Instructions

Section 1

- A. Enter the complete name and address of payee.
- B. Include email address for remittance information.
- C. Enter the Federal Tax Identification number of the payee.

Section 2

- A. Provide the name and address of the ACH member financial institution authorized to conduct the transaction.
- B. Enter the financial institutions' ABA/Routing number. This is a nine-digit number that is shown on your check. It may also be obtained by contacting your financial institution and requesting it.
- 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.

This authorization form must be signed by an authorized signer on the bank account. Please forward the signed authorization form to:

Accounts Payable Master Data Team Purdue University 401 S. Grant Street West Lafayette, IN 47906

If you have any questions, please call the Gayle Stetler at (765)496-1608.



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Electronic Funds Transfer Authorization Agreement

Section 1

Vendor Name							Phone								
Address							City	City State					Zip		
Contact Information (Name and Email)															
Federal Tax ID # or SSN															
(P	lease attach W-9))													
						Secti	on 2								
Financial Institution															
Bank ABA/Routing Number Checking Savings													(S		
Account	t Number														
	nat the inform														
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 vendor in writing to the Purdue University Master Data Team.															
You must notify us immediately if you have instructed your bank to transfer Purdue's electronic payments to an account outside the United States. We will then need to collect additional information from you so that our bank can satisfy its															
regulatory obligations. Purdue cannot be responsible for any resulting delays.															
	Signature						Title								
	Name (Typed)						Date								
*	*******	******	******	*****F	For Purd	lue Univ	versity U	Jse****	*****	*****	*****	*****	***		
Date ReceivedDate EnteredInitials															