



EFT Payment Authorization Form

Request Type (check one): _____ New _____ Change _____ CANCELLATION

Section I: Vendor Information

Vendor Name: _____

Business Address: _____ Remittance Address: _____

City, State, and Zip: _____ City, State, and Zip: _____

FEIN/Social Security Number: _____

Contact Person: _____ Phone Number: _____

E-mail: _____ Fax Number: _____

Section II: Financial Institution Information

Bank Name: _____ Bank State: _____

ABA/Transit Number: _____ Account Number: _____

Account Name: _____

Account Type (check one): _____ Checking (Attach a VOIDED check) _____ Savings

Financial Institution Certification:

I certify that the preceding Bank ABA/Transit number, Account number, Account Name and Account type are true and accurate for the vendor named in Section I of this EFT Payment Authorization Form.

Bank Representative's Signature _____ Date: _____

Bank Representative's Name (Print): _____ Title: _____

Section III: Vendor Authorization

I certify that, as an authorized representative for the above named vendor, the information above is true and correct and hereby authorize Holy Family University to electronically deposit ACH transactions to the designated bank account. This authorization shall remain in full force until Holy Family University receives written notification requesting a change or cancellation.

Authorized Signature: _____ Date: _____

Name (Print): _____ Phone Number: _____

Title (Print): _____