

**UNIVERSITY OF FLORIDA DOMESTIC ELECTRONIC
PAYMENT AUTHORIZATION**
Alan M. West, University Controller
PLEASE TYPE OR PRINT CLEARLY

****Please note that in order to add your ACH information we must have one of the following forms of account verification:**

1. A voided check which confirms the account/routing number on your form. No starter checks accepted.
2. A copy of the bank statement that lists and confirms the account #, Bank name/routing # and account holder's name.

Your Tax Identification Number

**ALL FIELDS
REQUIRED!**

Legal Name

Address (Number, Street)

City

State

Zip Code

Telephone
()

Fax
()

Action Requested
(Check Only One)

- (1) Start
- (2) Change
- (3) Stop
- (4) Name Change Only

Account Type
(Check Only one)

- (1) Checking
- (2) Savings

Your Account Number

Transit Routing Number of Your Financial Institution

Name of Your Financial Institution

Telephone Number of Your Financial Institution
()

Signature

Date

Email address for Remittance Advice

THIS FORM MUST BE SIGNED AND DATED BY PAYEE Signature
above signifies acceptance of the terms and conditions in the
AGREEMENT to the right.

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!

For a Start or Change of electronic payment all boxes
must be completed.

Do not leave information blank!

This form will start, change, or stop electronic payment for all payments received by you from the University of Florida. This does not apply to employee salary payments.

Name:

Please be sure your last name on this form matches the last name on the W-9 on file with Purchasing and Disbursement Services Office. Your electronic payment will not start if the last names do not match.

Action Requested:

- (1) Check **Start** if you don't have electronic payments and wish to.
- (2) Check **Change** if you have electronic payments and wish to change your financial institution or just your account number or account type (checking or savings). Your current electronic payment is stopped when a change request is received. While the change is being processed, you will be paid by warrant (check).
- (3) Check **Stop** if you wish to stop your electronic payment.
- (4) Check **Name Change Only** if you are changing only your name to correspond to your W-9. Complete the top portion of the form and sign and date it.

Account Number:

Please make sure the account number written on this form is correct. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

Transit Routing Number:

This is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of your checks.

AGREEMENT

I hereby authorize and request the University of Florida to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by:

- (a) Written notification to the University;
- (b) death or legal incapacity;
- (c) the financial institution or
- (d) the University of Florida.

Special Note:

Please make sure your electronic payment has stopped before closing your account. Otherwise, the funds will be returned to the University and cause a delay before you receive your payment in the mail.

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Please return completed form with account
verification attached to:

Fax: 352-392-0081

Or mail to: University of Florida
ATTN: Vendor Maintenance
PO Box 115350
Gainesville, FL 32611-5350
Telephone: (352) 392-1241