

EFT REQUEST

DEFAULT PAYMENT METHOD IS CHECK REQUEST WILL BE EVALUATED APPROVAL IS NOT GUARANTEED

INSTRUCTIONS:

- 1. Download form
- 2. Open downloaded form in Adobe Acrobat
- 3. Fill out form
- 4. Attach file
- 5. Apply signature
- 6. Save form

Effective Date:

REQUEST TYPE:

Employee name:

Signature:

7. Click "submit" button to u

responsible for all collection costs incurred by the University.

Fill out form Attach file Apply signature Gave form Click "submit" butto	on to upload your form to o	ur secure Dropbox	Do not fill this form out in a web browser Do not transmit completed form via email
tive Date:			
UEST TYPE:	New setup	Change existing	Cancel existing (receive check instead)
oyee name:		DH email address:	
Please attach a	voided check or officia	Il direct deposit info obtained fr	om your bank:
This authorization	on will remain in effect u	ntil I cancel it by submitting a new,	updated form.
A new authoriza wish to receive of		if I change my bank account, close	my bank account, change financial institutions, or
Changes request	ted via email, phone, lett	er, or invoice will not be accepted.	
		ten (10) business days to review than electronic funds transfer.	nis initial authorization and two (2) business days
		_	onal Automated Clearinghouse Association payments due to my entity via automated

clearinghouse electronic fund transfer (ACH) to the bank and bank account owned by my entity referenced above. I

acknowledge I am responsible for repayment of any monies due the University due to overpayment to my account. Failure to repay any overpayments to the University will result in my account being referred to a collection agency and I will be

Phone: