



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Sign up for EFT Update EFT Information Update Contact Information

***Please note: Section I MUST be completed in its entirety. Please write clearly.**

Current Banking information is REQUIRED if you are changing/updating EFT on file*

Section I

Business/Individual Name: _____

Remittance Address: _____

Phone Number: - -

FedTaxID: -

OR

SSN: - -

Section II

Current Banking Information on file for EFT

Bank Name: _____

Address: _____

Account Number: _____

Account Type (Select one): Checking Savings

BankRouting#

New Banking Information for EFT

Bank Name: _____

Address: _____

Account Number: _____

Account Type (Select one): Checking Savings

BankRouting#

Reason for the change request: _____

Section III

An EFT statement (equivalent to a check stub) will be sent via e-mail.
Please provide the following information to receive EFT remittance advice:

Current Email:

New Email:

Authorized Signature

Print Name & Title

Date

You are required to submit ONE of the following with this completed EFT Form:

- **Copy of blank voided check • Reference Letter from your financial institution**

Send this completed form with required documentation to:

1. Email: tharris@uci.edu or kamiller@uci.edu

2. Mail to: **UCI Accounts Payable
Attention: Tanya Harris
120 Theory, Suite 200
Irvine, CA 92697-1050**

I/We hereby authorize the University of California, Irvine, hereinafter called UNIVERSITY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our account indicated below. I/We also authorize the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

If you have any questions please call Accounts Payable at (949)824-6788

This authorization is to remain in full force and effect until the UNIVERSITY has received written notification with my/our signature(s) of its termination in such time and in such manner as to afford the UNIVERSITY and the DEPOSITORY a reasonable opportunity to act. I/We understand that I/we must inform the Accounting Office at the UNIVERSITY of a Change in my/our DEPOSITORY name and/or account number and/or the closing of my/our account.

I/We authorize the UNIVERSITY to initiate credits for my/our invoice related payments and for my/our DEPOSITORY to credit my/our account. I/We also authorize the UNIVERSITY to initiate debit entries, but only to effect appropriate adjustments against a prior credit made for the same payment. I/We understand that debit transactions are limited to reductions for UNIVERSITY overpayments, erroneous invoice related payments and to respond to mandatory court orders. Debits may not be initiated after the payment has been settled, and the result of the credit less the debit will be the net amount to which I/we am/are entitled and will be no different from the net amount I/we would have received had the electronic funds transfer method not been selected and a check had been printed. I/we must inform the Accounting Office at the UNIVERSITY of a Change in my/our DEPOSITORY name and/or account number and/or the closing of my/our account.