

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)
UNIVERSITY OF CALIFORNIA, IRVINE**

COMPANY/INDIVIDUAL NAME		FEDERAL TAX ID NUMBER/SOCIAL SECURITY NUMBER		
ADDRESS (FOR EFT STATEMENTS)				
ADDRESS 2				
CITY	STATE	ZIP	TELEPHONE	EMAIL(FOR EFT STATEMENTS)

PLEASE WRITE CLEARLY TO AVOID EFT REJECTIONS. EFT FORM IS FOR US DOMESTIC BANKS ONLY.

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.

DEPOSITORY (BANK) NAME	BRANCH	
CITY	STATE	ZIP
TRANSIT/ABA #	ACCOUNT #	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

Please contact your bank if you have any questions regarding completion of the above information.

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.

SIGNATURE	PRINTED NAME
TITLE (IF APPLICABLE)	DATE

REMEMBER TO ATTACH AN ORIGINAL VOIDED CHECK OR LETTER FROM YOUR BANK

University of California OFAC Compliance Form

As a U.S. entity, the University is obligated to comply with the requirements of the United States Department of Treasury Office of Foreign Assets Control (OFAC), which oversees payments sent outside the territorial jurisdiction of the United States. This includes automated clearing house (ACH) payments, such as electronic funds transfer (EFT). Effective September 18, 2009, the University is obligated to identify as an “International ACH Transaction” (IAT) any EFT/ACH of a vendor payment that are (1) made by the University to a financial institution located outside the U.S., or (2) made by the University to a domestic financial institution if that financial institution immediately transfers the full deposit amount to a financial institution in a “back-to-back” transaction.

If you think you are affected by these new requirements, please fill out the information requested below. We will discuss with you the best alternative method of payment.

Please Mail, Email, or Fax to: Disbursements Office
University of California, Irvine
120 Theory, Suite 200
Irvine, CA 92697-1050

Fax: (949) 824-2098

Email: tharris@uci.edu

___ Yes, I do transfer *all* of the funds outside the U.S. in a “back-to-back” transaction.

Vendor Name: ___ Vendor ID: _____

Current
Address: _____

Contact Person and Title: __

Phone Number: _____

Date completed: _____