



**Accounts Payable Department
AUTHORIZATION AGREEMENT
For
Automatic Deposit to UC Vendors**

DIRECTIONS

- To sign up for EFT, read the back of this form and **TYPE OR PRINT** the information requested in Sections 1 and 2. Then sign, date and return it to the University of Cincinnati, Accounts Payable Department.
- Any bank account changes must be reported to UC's Accounts Payable Department thirty (30) days prior to actual change.
- Payee must keep UC's Accounts Payable Department informed of any address changes in order to remain qualified for EFT payments.

SECTION 1

A. TYPE OF TRANSACTION	_____ Add	_____ Change	_____ Delete										
B. NAME OF APPLYING ENTITY		(AREA CODE) TELEPHONE											
ADDRESS	CITY	STATE	ZIP CODE										
C.													
<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
FEDERAL TAX ID													

SECTION 2

PLEASE INDICATE EMAIL ADDRESS: _____
(where payment advice can be sent)

A. FINANCIAL INSTITUTION NAME	_____ (AREA CODE) TELEPHONE																				
B. ADDRESS	CITY	STATE	ZIP CODE																		
<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
TRANSIT ROUTING / ABA NUMBER																					
Type of Account																					
_____ CHECKING _____ SAVINGS																					
C.																					
<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
ACCOUNT NUMBER AT ABOVE INSTITUTION																					

- Whereby authorize the University of Cincinnati to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.
- This authority is to remain in effect until revoked by us in writing to UC's Accounts Payable Department.

Signature

Title

Type Name

Date

Do Not Write Below This Line – For UC's Use Only

Date Received

Date Entered

Initials

INSTRUCTION FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF UNIVERSITY OF CINCINNATI PAYMENTS

PLEASE TYPE

SECTION 1

- A. Enter one of the following characters to indicate the type of transaction:
“A” indicates a new authorization.
“C” indicates a change to an existing authorization.
“D” indicates a request for termination of direct deposit.
- B. Enter the complete name and address of the entity to receive direct deposit.
- C. Enter the Federal Tax Identification of your company.

SECTION 2

- A. Enter the email address for the individual that should receive notification at your company about the ACH file being sent in payment of outstanding invoices
- B. Enter the name and address of the ACH member financial institution authorized to conduct transactions.
- C. Enter the financial institution’s Transit Routing/ABA number in the spaces provided. This is a nine-digit number that is shown on your check. It may also be obtained by contacting your financial institution and requesting its Transit Routing/ABA number.
- D. Enter the account number to which the EFT transaction is to be accredited. If less than 17 characters are needed, begin at the left margin and leave any unused spaces blank.
“X” the type of account to which funds are to be deposited***

***If you elect to deposit in a checking account, please attach one of your checks with the signature space cut out or marked “VOID”.

Forward the signed authorization form with voided check (if applicable) to:

**ACCOUNTS PAYABLE
UNIVERSITY OF CINCINNATI
PO BOX 210333
CINCINNATI, OH 45221-0333**

If you have any questions, call UC’s Accounts Payable Department at (513) 556-6772.