

## University of California, Education Abroad Program ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Payments will be issued through UCLA

## PLEASE PRINT CLEARLY. SEE INSTRUCTIONS

If you are receiving Financial Aid or Awards fill out this form

Student's Full Name (Last, First, Middle	le):	
Social Security Number:	EAP Host Country:	Academic Year:/
(UCLA students only, provide UCLA	A Student ID Number):	
U.S. Address:		
U.S. Telephone Number: ()	<u></u>	
<b>Banking Information for EFT</b>	<u> Fransfer</u>	
Bank Name:	Branch:	
Address:		
Please attach copy of number on the voided	Bank Routing #: a voided check, <b>not</b> a <b>deposit slip</b> . The account num l check. Make a copy for your records. <b>If your EFT</b> of form of a paper check that will be mailed to your	nber written above must match the account cannot be set up, your disbursements
Account Type (✓ one box)  Checking  I would prefer to receive notification	_	
•	Fax at: ()	
(EFT), and I authorize the above nar that a new authorization form must b	n Abroad Program and UCLA to remit payme med financial institution to credit payments to be completed if I close the referenced bank ac that EFT may take approximately 30 days to ntil cancelled in writing.	o the account listed. I understand ccount, or if I wish to designate a
Signature:	Da	ite:
	h a voided check to this form and mainstywide Office, UC Education Abroad Prog Attn: Finance 6950 Hollister Ave., Suite 200 Goleta, California 93117-5823	
Input Date:		