



Electronic Funds Transfer  
Authorization Agreement Instructions

Section 1

- A. Enter the complete name and address of payee.
- B. Include email address for remittance information.
- C. Enter the Federal Tax Identification number of the payee.

Section 2

- A. Provide the name and address of the ACH member financial institution authorized to conduct the transaction.
- B. Enter the financial institutions' ABA/Routing number. This is a nine-digit number that is shown on your check. It may also be obtained by contacting your financial institution and requesting it.
- C. Enter the account number to which the electronic funds transactions are to be credited.
- D. Indicate whether the account is a checking or savings account.

This authorization form must be signed by an authorized signer on the bank account. Please forward the signed authorization form to:

Accounts Payable Master Data Team  
Purdue University  
401 S. Grant Street  
West Lafayette, IN 47906

If you have any questions, please call the Gayle Stetler at (765)496-1608.



Electronic Funds Transfer Authorization Agreement

Section 1

Vendor Name, Phone, Address, City, State, Zip, Contact Information (Name and Email), Federal Tax ID # or SSN

Section 2

Financial Institution, Phone, Bank ABA/Routing Number, Checking, Savings, Account Number

I certify that the information provided is correct and that I am an authorized signer on designate of the account provided for direct deposit transactions, and am entitled to provide this authorization. I hereby authorize Purdue University to initiate credit entries, and debit entries in the event of overpayment, to the account and financial institution listed above. This authorization will remain in effect until revoked by the vendor in writing to the Purdue University Master Data Team. You must notify us immediately if you have instructed your bank to transfer Purdue's electronic payments to an account outside the United States. We will then need to collect additional information from you so that our bank can satisfy its regulatory obligations. Purdue cannot be responsible for any resulting delays.

Signature

Title

Name (Typed)

Date

\*\*\*\*\*For Purdue University Use\*\*\*\*\*

Date Received

Date Entered

Initials