



Electronic Funds Transfer Authorization Agreement

Section 1

Vendor Name, Phone, Address, City, State, Zip, Contact Information (Name and email), Federal Tax ID # or SSN (Please attach W-9)

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