

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

□ Sign up for EFT □ Update EFT Information □ Update Contact Information

*Please note: Section I MUST be completed in its entirety.

Current Banking information is REQUIRED if you are changing/updating EFT on file*

Section I	
Business Name:	
Remittance Address:	
Phone Number: FedTax ID: OR SSN (last four digits only):	

Section II

Address:	
A second Alexade an	
Account Number:	
Account Type (Select one):	Checking Savings
Bank Routing#	
New Banking Information for	or EFT
-	<u>pr EFT</u>
Bank Name:	<u>pr EFT</u>
Bank Name:	<u>pr EFT</u>
Bank Name: Address:	<u>or EFT</u>
<u>New Banking Information fo</u> Bank Name: Address: Account Number: Account Type (Select one):	Checking Savings

	T statement (equivalent to a check stub) will be sent via e-mail. information to receive EFT advice (Note: E-mail address cannot have any underscores):
Current Email:	
New Email:	
Authorized Signature	2
Print Name & Title	Date

You are required to submit <u>ONE</u> of the following with this completed EFT Form:

- Copy of blank voided check Reference Letter from your financial institution Sample invoice with banking information <u>Send this completed form with required documentation to:</u>
 - 1. Fax to our secure server: (310) 825-2138 OR
 - 2. Mail to: UCLA Accounts Payable Attention: Isabel Castro 10920 Wilshire Blvd Suite 500 Los Angeles, CA 90024

• This authorization will remain in effect until canceled in writing. Failure to notify Accounts Payable of a closed account will cause a delay in receiving your payments.

- •. Please notify Accounts Payable of any changes to your e-mail address.
- If you have any questions please call Accounts Payable at (310) 794-0197.

FOR UCLA USE ONLY (Version 3, Rev. Sep	ember 2016)
VCK:	
Input Date:Input by:	