

Please leave this area blank



UNIVERSITY OF CENTRAL FLORIDA
Electronic Payment Authorization (ACH)

PLEASE TYPE OR PRINT CLEARLY

Tax Identification Number _____

Legal Name _____

Address (Number, Street) _____

City _____

State _____ Zip Code _____

Email Address _____

Telephone () _____

Fax () _____

Account Requested (Check Only One)	(1) _____ Start
	(2) _____ Change
	(3) _____ Stop
	(4) _____ Name Change Only

Account Type (Check Only One)	(1) _____ Checking
	(2) _____ Savings

Account Number _____

Financial Institution

Transit Routing # _____

Name _____

Phone # _____

Signature _____ Date _____

Print Name _____ Title _____

THIS FORM MUST BE SIGNED AND DATED BY
AUTHORIZED SIGNOR ON ACCOUNT.
Signature above signifies acceptance of the terms and
conditions in the **AGREEMENT** to the right.

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!
For a Start of Change of electronic payment, all boxes must be
completed.

Do not leave information blank!

This form will start, change, or stop electronic payment for all
payments received by you from the University of Central Florida.
This does not apply to employee salary payments.

Name:

Please be sure the name on this form matches the name on the W-9 form
on file with Finance and Accounting. Your electronic payment will not start
if the names do not match.

Action Requested:

- (1) Check **Start** if you don't have electronic payments and wish to.
- (2) Check **Change** if you have electronic payments and wish to
change your financial institution or just your account number or
account type (checking or savings). Allow 10 days for
processing.
- (3) Check **Stop** if you wish to stop your electronic payment.
- (4) Check **Name Change Only** if you are changing only the name
to correspond with your W-9. Complete the top portion of the form
and sign and date it.

Account Number:

Please make sure the account number written on this form is correct. If
you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

Transit Routing Number:

This is the nine-digit number that identifies your financial institution.

AGREEMENT

I hereby authorize and request the University of Central Florida to initiate
credit entries and, if necessary, initiate debit entry in accordance with
NACHA rules reversing a credit entry made in error to my account at the
financial institution named. The electronic payment data remains in effect
until withdrawn by:

- (a) Written notification to the University;
- (b) Death, legal incapacity, or corporate dissolution;
- (c) the financial institution or
- (d) the University of Central Florida.

The University of Central Florida will not be responsible for any loss that
may arise by reason of error, mistake, or fraud on information provided on
this Electronic Payment Authorization form.

Special Note:

Please make sure your electronic payment has stopped before closing
your account. Otherwise, the funds will be returned to the University and
cause a delay before you receive your payment in the mail.

Fax or attach a voided check or Banking
information on bank letterhead or company
letterhead

Please return completed form to:

Fax to: (407) 882-1067

Or mail to:
University of Central Florida
ATTN: EFT Department
12424 Research Parkway, Ste 300
Orlando, FL 32826-3249

Telephone: (407) 882-1000