

**Accounts Payable Department
AUTHORIZATION AGREEMENT
For
Automatic Deposit of RU Vendor Payments**

DIRECTIONS

- To sign up for EFT, read the back of this form and **TYPE OR PRINT** the information requested in Sections 1 and 2. Then sign, date and return it to Rowan University, Accounts Payable Department.
- Any bank account changes must be reported to RU's Accounts Payable Department thirty (30) days prior to actual change.
- Payee must keep RU's Accounts Payable Department informed of any address changes in order to remain qualified for EFT payments.

SECTION 1

A.	TYPE OF TRANSACTION	_____ Add	_____ Change	_____ Delete				
B.	NAME OF APPLYING ENTITY	(AREA CODE) TELEPHONE						
	ADDRESS	CITY	STATE	ZIP CODE				
C.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>							
	FEDERAL TAX ID							

SECTION 2

A.	FINANCIAL INSTITUTION NAME	(AREA CODE) TELEPHONE						
B.	ADDRESS	CITY	STATE	ZIP CODE				
	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>							
	TRANSIT ROUTING / ABA NUMBER							
	Type of Account							
	_____ CHECKING _____ SAVINGS							
C.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>							
	ACCOUNT NUMBER AT ABOVE INSTITUTION							

- Authorize Rowan University to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.
- This authority is to remain in effect until revoked by us in writing to RU's Accounts Payable Department.

Signature

Title

Type Name

Date

E-mail Address

Do Not Write Below This Line – For RU's Use Only

Date Received _____ Date Entered _____ Initials _____

INSTRUCTION FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF ROWAN UNIVERSITY PAYMENTS

SECTION 1

- A. Enter one of the following characters to indicate the type of transaction:
“A” indicates a new authorization.
“C” indicates a change to an existing authorization.
“D” indicates a request for termination of direct deposit.
- B. Enter the complete name and address of the entity to receive direct deposit.
- C. Enter the Federal Tax Identification of your company.

SECTION 2

- A. Enter the name and address of the ACH member financial institution authorized to conduct transaction.
- B. Enter the financial institution’s Transit Routing/ABA number in the spaces provided. This is a nine-digit number that is shown on your check. It may also be obtained by contacting your financial institution and requesting its Transit Routing/ABA number.
- C. Enter the account number to which the EFT transaction is to be accredited. If less than 17 characters are needed, begin at the left margin and leave any unused spaces blank.
“X” the type of account to which funds are to be deposited***

***If you elect to deposit in a checking account, please attach one of your checks with the signature space cut out or marked “VOID”.

This authorization form must be signed and dated by the financial officer authorized to conduct banking transactions for said provider.

Forward the signed authorization form with voided check (if applicable) to:

**ACCOUNTS PAYABLE
ROWAN UNIVERSITY
201 Mullica Hill Rd.
Glassboro, NJ 08028**

If you have any questions, call RU’s Accounts Payable Department at (856) 256-4115.