

FUNDS TRANSFER AUTHORIZATION



Complete the following. See BPPM 95.21 for further instructions.

REQUIRED INFORMATION		
PURPOSE (Check one)		
New	Change	Cancellation
ACCOUNT TYPE (Check One)		
Checking		Savings
LAST NAME	FIRST NAME	MIDDLE INITIAL
NAME ON ACCOUNT IF DIFFERENT THAN ABOVE (e.g., DBA business name or name on account)		
PHONE NUMBER (Include area code)	E-MAIL ADDRESS	

DOMESTIC			
FINANCIAL INSTITUTION NAME	CITY	STATE	ZIP
BANK ACH ROUTING NUMBER (9-digit)	BANK ACCOUNT NUMBER		

FOREIGN		
FINANCIAL INSTITUTION NAME	BANK ACCOUNT NUMBER (if applicable)	
BANK IBAN NUMBER	BANK SWIFT CODE (if applicable)	BANK CODE / BRANCH CODE (if applicable)

I authorize Washington State University to deposit funds to the financial institution account indicated above. This will remain in effect until I give written notification to Washington State University to cancel authorization. I understand that I must submit a separate copy of this form indicating cancellation authorization to provide a valid written notification.

SIGNATURE	DATE
-----------	------