

**ELECTRONIC FUNDS TRANSFER  
AUTHORIZATION**  
United States (US) Based EFT Only



**Print Clearly. Signatures are required.**

See BPPM 30.28 for further instructions.

<b>ACCOUNT INFORMATION</b>			
<small>Business &amp; Financial Services performs an independent verification of any changes to the Supplier. Payments are held until changes are confirmed. (BPPM 30.28 Sec. 2.2.b)</small>			
Purpose (Check one):	New	Change	Cancellation
Account Type (Check one):	Checking	Savings	
Form of Payment (Check one):	ACH	Domestic Wire	
First Name	Last Name	Middle Name	
Name on Account if different from above (e.g., DBA business name or name on account)			
Address	City	State	Zip Code
Phone Number (Include area code)	E-mail Address		
<b>BANKING INFORMATION</b>			
Financial Institution Name	City	State	Zip Code
Bank Routing / ABA Number	Bank Account Number		

I authorize Washington State University to deposit funds to the financial institution account indicated above. This will remain in effect until I submit a separate copy of this form to change or cancel this authorization.

Signature	Date
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Washington State University | Finance & Administration | Payment Services