



EFT ENROLLMENT/CHANGE AUTHORIZATION FORM

Complete this form and submit it with your supplier application or email it to: Purchasing@ut.edu.

FORMS WILL NOT BE PROCESSED WITHOUT A VOIDED CHECK OR BANK LETTER TO VERIFY THE ACCOUNT NUMBER

SUBMISSION TYPE

NEW: CHANGE: CANCEL:

COMPANY INFORMATION

TAX ID ¹: EIN SSN/ITIN ADDRESS: _____
NAME ²: _____ CITY, STATE & ZIP: _____
PHONE NUMBER: _____ EMAIL ADDRESS ³: _____

¹ Format: ##-#### or ##-##-####
² As it appears on Form W-9
³ For remittance advice

FINANCIAL INSTITUTION ACCOUNT INFORMATION

NAME: _____ ACCOUNT TYPE: CHECKING ¹ SAVINGS ²
PHONE NUMBER: ADDRESS: _____ TRANSIT ROUTING NUMBER (A): _____
CITY, STATE & ZIP: _____ ACCOUNT NUMBER (B): _____



FORMS WILL NOT BE PROCESSED WITHOUT A VOIDED CHECK OR BANK LETTER TO VERIFY THE ACCOUNT NUMBER.

¹ YOU MUST ATTACH A VOIDED CHECK OVER THE SAMPLE ABOVE
² YOU MUST ATTACH A BANK LETTER NOTING THE ROUTING AND ACCOUNT NUMBER

AUTHORIZATION

COMPANY hereby authorizes The University of Tampa ("UTampa") to initiate credit entries to the listed account above. COMPANY shall comply with and be bound by the rules, as in effect from time to time (the "Rules") of the National Automated Clearing House Association ("NACHA"). This authorization is to remain in effect until 30 days after UTampa has received (a) a new EFT form indicating a cancellation (indicated via "Submission Type") or (b) written notification of cancellation sent via United States Certified Mail with Return Receipt Request to The University of Tampa, Attn: Purchasing Box 25F, 401 W Kennedy Blvd, Tampa, FL 33606

AUTHORIZED SIGNATURE

TITLE: