



## Electronic Funds Transfer Authorization Agreement Instructions

### Section 1

- A. Check the appropriate box to indicate the type of action: **New** or **Change**
- B. Enter the complete name, address, phone and email contact for remittance notification.
- C. Enter the Federal Tax Identification number of the payee
- D. If **Change**, must provide banking information of account currently on file at Purdue.

### Section 2

- A. Provide the name and phone number of the financial institution authorized to conduct the transaction.
- B. Enter the ABA/Routing number of the selected financial institution. This is a nine-digit number that is shown on your check. It may also be obtained by contacting your financial institution.
- C. Enter the account number to which the electronic funds transactions are to be credited.
- D. Indicate whether the account is a checking or savings account.

An authorized signer on the bank account must sign this authorization form. Please forward the signed authorization form to:

Purdue University  
Attn Accounts Payable  
2550 Northwestern Ave  
West Lafayette, IN 47906

If you have any questions, please contact [ap@purdue.edu](mailto:ap@purdue.edu).

**Section 1**

Print Payee Name				Phone Number				
Address			City		State	Zip		
Contact Name				Email Address – <i>required for payment notification</i>				
Federal Tax ID #	<input type="checkbox"/>	EIN		<input type="checkbox"/>	SSN			Select Action <input type="radio"/> New <input type="radio"/> Change
➤ <b>For Change, provide banking information currently on file at Purdue Accounts Payable.</b>								
Financial Institution			Routing Number		Account Number			

**Section 2**

➤ <b>Provide new account information.</b>							
Financial Institution				Bank Phone			
Bank ABA/Routing Number				<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		
Bank Account Number							
You (Payee) must notify Purdue University immediately if you have instructed your bank to transfer Purdue’s electronic payments to an account outside of the United States. We will then need to collect additional information from you so that our bank can satisfy its regulatory obligations. Purdue cannot be responsible for any resulting delays.							
I certify that the information provided is correct and that I am an authorized signer or designate of the account provided for direct deposit transactions and am entitled to provide this authorization. I hereby authorize Purdue University to initiate credit entries, and debit entries in the event of overpayment, to the account and financial institution listed above. This authorization will remain in effect until revoked by the Payee in writing to the Purdue University Vendor Data Team.							
Signature				Title			
Printed name				Date			