

PLEASE SIGN-UP FOR ELECTRONIC FUND TRANSFER

**A.T. STILL UNIVERSITY OF HEALTH SCIENCES
ELECTRONIC FUND TRANSFER AUTHORIZATION
(FOR ACCOUNTS PAYABLE ONLY)**

Office Use Only
VENDOR # _____
Date Entered _____

Please return form to ATSU Finance Office
800 W. Jefferson, Kirksville, MO 63501
e-mail to accountspayable@atsu.edu
Phone: 1-660-626-2208

(PLEASE PRINT LEGIBLY)

VENDOR NAME _____ TAX IDENTIFICATION # _____
NAME OF CONTACT PERSON _____ TELEPHONE NUMBER _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
E-MAIL (REQUIRED) _____

FINANCIAL INSTITUTION INFORMATION:

NAME OF BANK _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
BANK ROUTING NUMBER _____ TYPE OF ACCT: CHECKING SAVINGS
ACCOUNT NUMBER _____ BANK'S PHONE# _____

- I hereby authorize ATSU to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) bank account indicated below and the bank named below to credit/debit the same to such account.
- I hereby **CANCEL** my EFT authorization.

This authority is to remain in full force and effect until the ATSU Finance Office has received written notification of its termination in such time and in such manner as to afford ATSU and the financial institution a reasonable opportunity to act on it. The accountholder will be held accountable for any bank fee charges resulting from inaccurate transfer information provided. Your signature(s) below indicate agreement with the above terms and conditions for automatic deposits.

AUTHORIZED SIGNATURE _____ DATE SIGNED _____

Please note that it will take 7-10 days for EFT notice to be applied to your vendor account.

We take our responsibility to protect the privacy and confidentiality of our vendor information seriously. We maintain safeguards to store and secure information about you from unauthorized access, alteration, and destruction.