

# Iowa State University

## Electronic Fund Transfer (EFT) Authorization

This form is for supplier and internship use only. All fields are required, and the information must be accurate. Failure to provide accurate data may result in delayed payment.

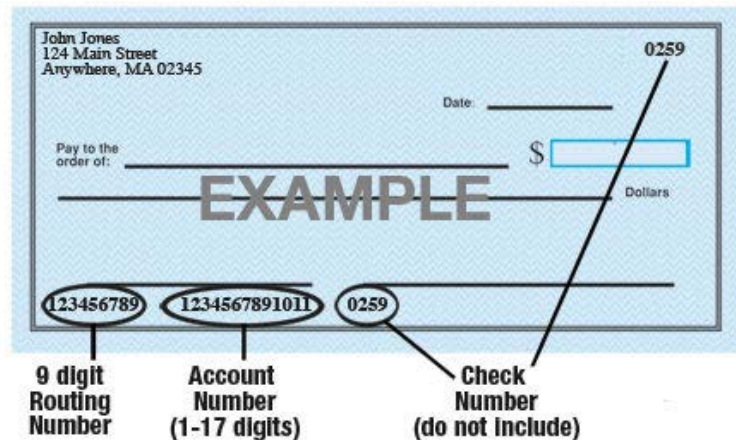
Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Attach a voided check or bank document verification of the above information for each bank account to which funds should be deposited (if necessary)

I \_\_\_\_\_ certify that I am authorized to use this account. This EFT will remain in effect until modifications or changes are requested in writing.

Owner/Authorized Employee Signature: \_\_\_\_\_

Owner/Authorized Employee Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_