

**Florida International University**  
**Division of Finance and Administration - Controller's Office**  
**Vendor Electronic Payment Authorization Form**

**Part I - Vendor Information**

Federal Taxpayer Identification Number (Format: ##-##### or ###-##-####)

Legal Name (as it appears on W-9)

Address (Number, street, and apt or suite no.)

City, State and Zip Code

Telephone Number

Fax Number

**Part II - Direct Deposit Information**

**Please select Direct Deposit Action Requested (Check Only One)**

Start Direct Deposit

Stop Direct Deposit

Change Direct Deposit

Name Change Only

**Please Enter Financial Institution and Account Information**

Name of Financial Institution

Account Type:

Checking

Savings

Other

Transit Routing Number of your Financial Institution (Must be nine (9) digits)

Your Account Number (Start at Left and leave unused space blank)

Bank Address (Number, street, and suite no.)

City

State

Postal Zip Code

Country

Financial Institution Telephone Number (include area code)

Financial Institution Fax Number (include area code)

**Part III - Terms and Conditions**

I hereby authorize and request Florida International University to initiate credit entries and if necessary, a debit entry in accordance with National Automated Clearing House Association (NACHA) rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment process is to remain in effect until withdrawn by: (a) written notification to the University; (b) notification of death or legal incapacity; (c) the University. This Form must be signed and dated by Payee.

Signature below signifies the acceptance of the above Terms and Conditions:

Signature

Date

Print Name

Job Title