

Please leave this area blank

**UNIVERSITY OF FLORIDA
ELECTRONIC PAYMENT AUTHORIZATION**
Michael V. McKee, University Controller
PLEASE TYPE OR PRINT CLEARLY

Your Tax Identification Number

Legal Name

Address (Number, Street)

City

State

Zip Code

Telephone
()

Fax
()

Action Requested
(Check Only One)

- (1) Start
(2) Change
(3) Stop
(4) Name Change Only

Account Type
(Check Only one)

- (1) Checking
(2) Savings

Your Account Number

Transit Routing Number of Your Financial Institution

Name of Your Financial Institution

Telephone Number of Your Financial Institution
()

Signature

Date

THIS FORM MUST BE SIGNED AND DATED BY PAYEE
Signature above signifies acceptance of the terms and conditions in the
AGREEMENT to the right.

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!
For a Start or Change of electronic payment all boxes
must be completed.
Do not leave information blank!

**This form will start, change, or stop electronic payment for
all payments received by you from the University of Florida.
This does not apply to employee salary payments.**

Name:

Please be sure your last name on this form matches the last
name on the W-9 on file with Purchasing and Disbursement
Services Office. Your electronic payment will not start if the last
names do not match.

Action Requested:

- (1) Check **Start** if you don't have electronic payments and wish to.
(2) Check **Change** if you have electronic payments and wish to
change your financial institution or just your account
number or account type (checking or savings). Your
current electronic payment is stopped when a change
request is received. While the change is being processed,
you will be paid by warrant (check).
(3) Check **Stop** if you wish to stop your electronic payment.
(4) Check **Name Change Only** if you are changing only your
name to correspond to your W-9. Complete the top portion
of the form and sign and date it.

Account Number:

Please make sure the account number written on this form is
correct. If you are not sure, PLEASE CONTACT YOUR
FINANCIAL INSTITUTION.

Transit Routing Number:

This is the nine-digit number that identifies your financial institution.
It is found in the bottom left-hand corner of your checks.

AGREEMENT

I hereby authorize and request the University of Florida to initiate
credit entries and, if necessary, a debit entry in accordance with
NACHA rules reversing a credit entry made in error, to my account
at the financial institution named. The electronic payment data
remains in effect until withdrawn by:

- (a) Written notification to the University;
(b) death or legal incapacity;
(c) the financial institution or
(d) the University of Florida.

Special Note:

Please make sure your electronic payment has stopped before
closing your account. Otherwise, the funds will be returned to the
University and cause a delay before you receive your payment in
the mail.

Tape a voided check here
for account verification.

Please return completed form with a voided
check attached to:

Fax to:
(352) 392-0081

E-mail to:
addvendor@ufl.edu

Or mail to:
University of Florida
ATTN: Vendor Maintenance
PO Box 115350
Gainesville, FL 32611-5350

Telephone: (352) 392-1241