



**CAPITAL FINANCE DEPARTMENT
AUTHORIZATION AGREEMENT
For
Automatic Deposit of UC Warrants**

DIRECTIONS

- To sign up for EFT, read the back of this form and **TYPE OR PRINT** the information requested in Sections 1 and 2. Then sign, date and return it to the University of Cincinnati, Capital Finance Department.
- Any account changes must be reported to UC's Capital Finance Department thirty (30) days prior to actual change.
- Payee must keep UC's Capital Finance Department informed of any address changes in order to remain qualified for payments.

SECTION 1

A.	TYPE OF TRANSACTION	_____ Add	_____ Change	_____ Delete																				
B.	NAME OF COMPANY OR INDIVIDUAL	COUNTY	(AREA CODE) TELEPHONE																					
	ADDRESS	CITY	STATE	ZIP CODE																				
C.	<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																							
	FEDERAL TAX ID NUMBER																							

SECTION 2

A.	FINANCIAL INSTITUTION NAME	COUNTY	(AREA CODE) TELEPHONE																															
	ADDRESS	CITY	STATE	ZIP CODE																														
B.	<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																	
	TRANSIT ROUTING / ABA NUMBER																																	
	Type of Account _____ CHECKING _____ SAVINGS																																	
C.	<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																	
	ACCOUNT NUMBER AT ABOVE INSTITUTION																																	

- Whereby authorize the University of Cincinnati to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.
- This authority is to remain in effect until revoked by us in writing to UC's Capital Finance Department.
- Please attach a cancelled check for checking accounts or a "spec sheet" from your financial institution for savings accounts.

Signature	Title
Type Name	Date

Do Not Write Below This Line – For UC's Use Only

Date Received	Date Entered	Initials
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INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF UNIVERSITY OF CINCINNATI WARRANTS

PLEASE TYPE

SECTION 1

- A. Enter one of the following characters to indicate the type of transaction:
“A” indicates a new authorization.
“C” indicates a change to an existing authorization.
“D” indicates a request for termination of direct deposit.
- B. Enter the complete name and address of the entity to receive direct deposit.
- C. Enter the Federal Tax Identification of your company.

SECTION 2

- A. Enter the name and address of the ACH member financial institution authorized to conduct transaction.
- B. Enter the financial institution’s Transit Routing/ABA number in the spaces provided. This is a nine-digit number that is shown on your check. It may also be obtained by contacting your financial institution and requesting its Transit Routing/ABA number.
- C. Enter the account number to which the EFT transactions are to be accredited. If less than 17 characters are needed, begin at the left margin and leave any unused spaces blank.
“X” the type of account to which funds are to be deposited***

***If you elect to deposit in a checking account, please attach one of your checks with the signature space cut out or marked “void”. If you elect to deposit in a savings account, please attach a “spec sheet” from your financial institution.

This authorization form must be signed and dated by the financial officer authorized to conduct banking transactions for said provider.

Forward the signed authorization form with voided check or “spec sheet” (if applicable) to:

CAPITAL FINANCE
UNIVERSITY OF CINCINNATI
PO BOX 210637
CINCINNATI, OH 45221-0637

If you have any questions, call UC’s Capital Finance Department at (513) 556-3152.