



Please review the instructions on page 2 prior to completing this form.

SECTION 1: CONTACT INFORMATION

TAX IDENTIFICATION NUMBER (TIN)
OR SOCIAL SECURITY NUMBER (SSN)

Grid of 9 boxes for TIN or SSN

Please note: We are required to obtain your Tax Identification Number pursuant to Section 6109 of the Internal Revenue Code so that we can report income paid to you to the IRS as required by law.

NAME OF COMPANY OR INDIVIDUAL

Text box for name

NAME

ADDRESS

Text box for address

STREET

SUITE/ROOM #

PHONE

Text box for city

CITY

Text box for state

STATE

Text box for zip code

ZIP CODE

EMAIL ADDRESS

Text box for email address

TYPE OF TRANSACTION:

Add [checkbox]

Change/Update [checkbox]

Inactivate [checkbox]

SECTION 2: NEW BANKING INFORMATION

BANK VERIFICATION MUST BE ATTACHED

NEW FINANCIAL INSTITUTION NAME

Text box for new financial institution name

ACCOUNT TYPE

[checkbox]

CHECKING

[checkbox]

SAVINGS

NEW ACCOUNT NUMBER

Text box for new account number

Account Number supplied must match attached bank verification

NEW TRANSIT ROUTING/ABA NUMBER

Grid of 9 boxes for transit routing/ABA number

SECTION 3: PRIOR BANKING INFORMATION

MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT

PRIOR FINANCIAL INSTITUTION NAME

Text box for prior financial institution name

ACCOUNT TYPE

[checkbox]

CHECKING

[checkbox]

SAVINGS

PRIOR ACCOUNT NUMBER

Text box for prior account number

Account Number supplied must match previous Account Number on file

PRIOR TRANSIT ROUTING/ABA NUMBER

Grid of 9 boxes for prior transit routing/ABA number

SECTION 4: READ THE AGREEMENT, SIGN & DATE

- Account changes must be reported to UC's Accounts Payable Department thirty (30) days prior to the effective date.
The entity listed hereby authorizes the University of Cincinnati to initiate credit entries to its account in the financial institution identified 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 Accounts Payable Department.

[checkbox] I have attached a copy of current voided check or included a bank letter on bank letterhead signed by a bank representative.

[checkbox] I have printed and signed the form.

Text box for signature

SIGN YOUR NAME HERE

Text box for printed name

PRINT YOUR NAME HERE

Text box for date

DATE

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF UNIVERSITY OF CINCINNATI PAYMENTS

SECTION 1

- Enter your Tax Identification Number (TIN) or your Social Security Number (SSN) (required).
- Place a check mark to indicate the type of transaction.
- Enter the complete name and address of the company or individual participating in the EFT program.
- Enter your phone number & email address. When your email address is provided, you will receive an automated email notification when your banking information has been added or updated in our system.

SECTION 2 (New Information)

- Please enter the name of the new financial institution authorized to conduct transactions, as it should be listed in our system.
- Please place a check mark to indicate the type of account in which funds are to be deposited.
- Enter the full Account Number where funds are to be deposited.
- Enter the financial institution's full nine-digit Transit Routing/ABA number in the spaces provided.

SECTION 3 (Prior Information) Required if a CHANGE/UPDATE

- Please enter the name of the previous financial institution authorized to conduct your transaction. This should be the most recent bank account information that was submitted to UC and is currently in our system.
- Enter the complete Account Number at your previous institution where EFT funds were deposited.
- Enter the complete nine-digit Transit Routing/ABA number for your previous institution in the spaces provided.

SECTION 4

- Please read all of the information listed in Section 4.
- Check mark the boxes to verify you have acknowledged the information.
- Sign your name; print your name and date.
- Please attach a current voided check or bank letter signed by a bank representative (required).
(NOTE: The bank letter must be on bank letterhead and signed by a bank representative. It must include the name on the account, type of account, routing number, and account number.)

Forward the signed authorization form with voided check (if applicable) to:

**ACCOUNTS PAYABLE
UNIVERSITY OF CINCINNATI
PO BOX 210333
CINCINNATI, OH 45221-0333**

If you have any questions, call UC's Accounts Payable Department at (513) 556-6772 (Company) or (513) 556-6746 (Individual). Please contact the Accounts Payable Department if you would like to submit this agreement via encrypted email.