



The University of Arizona
Financial Services Office
Accounts Payable
1303 E. University Blvd. Box 5
Tucson, AZ 85719-0521
PHONE (520) 621-9097
FAX (520) 626-1243

ELECTRONIC PAYMENT AUTHORIZATION FORM

(ACH)

Authorization Agreement

I hereby authorize **The University of Arizona** to initiate automatic deposits to my account at the financial institution named below. I also authorize **The University of Arizona** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **The University of Arizona** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **The University of Arizona** receives a written notice of cancellation from me or my financial institution, or until I submit a new Electronic Funds Transfer form to the Accounts Payable.

Information

Name/Company: _____ Contact: _____

Street Address: _____ DUNS #: _____

City, State, Zip: _____ Telephone Number: _____

(Email notification of payment will be sent): email: _____

Financial Institution Account Information

Name of Financial Institution: _____

Financial Institution Address: _____

Routing -Transit /ABA Number (9 digits): _____

Account Number: _____

Checking

Savings

Signature and Title of Authorized Person

Authorized Person (Print): _____ Title: _____

Signature: _____ Date: _____

PLEASE FAX THE AUTHORIZATION FORM TO OUR SECURE FAX LINE (520) 626-1243

Internal Use ONLY

Verification contact: _____ Date: _____ Specialist: _____