

Electronic Funds Transfer Authorization Form for Vendor Payments

Vendor Name:			
Remittance Address:			
Remittance City:	State:	Zip Code	:
Contact Name:	Phone #()		
E-Mail Address:			
Vendor's Bank Name:			
Bank Address:	City:	State:	Zip:
Bank Contact Name:	Phone #()		
ABA Routing Number:	Account Number:		
Account Type (Please circle only one)	Checking	Savings	

Vendor's Authorization:

Please sign below to confirm that you are authorizing University of Montana Foundation to begin transferring payments for your invoices to the account mentioned above. I also authorize UM Foundation to make withdrawals in the event that a credit entry is made in error. This authorization will remain in effect until either cancelled in writing or an updated form changing information is sent to Accounts Payable.

Signature	Title
()	
Phone Number	Date

Submit completed form to *UM Foundation, Accounts Payable, PO Box 7159, Missoula, MT 59807-7159*, along with a <u>voided check</u>.

