

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

 \Box Sign up for EFT \Box Update EFT Information \Box Update Contact Information

*Please note: Section I MUST be completed in its entirety.

Current Banking in	formation is REQUIRED if you are changing/updating EFT on file*	
Section I		
Business Name:		
Remittance Address:		
Phone Number: FedTaxID: OR SSN (last four digits only):		
Section II		
Current Banking Informatio	n on file for EFT	
Bank Name:		
Address:		
Account Number:		
Account Type (Select one):	Checking Savings	
BankRouting#		
New Banking Information for EFT		
Bank Name:		
Address:		
Account Number:		
Account Type (Select one):	Checking Savings	
BankRouting#		
Reason for the change request:		

ection III		
Diago provide	An EFT statement (equivalent to a chec	-
Current I	-	(Note: E-mail address cannot have any underscores):
Current		
New Em	ail:	
Authorize	ed Signature	
Print Nar	me & Title	Date
You are	required to submit ONE of the follow	ving with this completed EFT Form:
	· ——	nancial institution • Sample invoice with banking informa
Send this co	ompleted form with required documentation	on to:
1. Fax to	o our secure server: (310) 825-2138	
2. Mail to	UCLA Accounts Payable	
Wan t	Attn: EFT Setups 10920 Wilshire Blvd Ste 500	
	Los Angeles, CA 90024	
	ization will remain in effect until canceled in v closed account will cause a delay in receiving	
•. Please noti	fy Accounts Payable of any changes to your e	e-mail address.
• If you have	any questions please call Accounts Payable a	t (310) 794-0197.
EODIN	CLA USE ONLY (Version 3, Rev. Septem	phor 2016)
	CLA USE ONLY (Versions, Rev. Septem	I
	Pate:Input by:	1