## FLORIDA POLYTECHNIC UNIVERSITY

FINANCE & ADMINISTRATION • SUPPLIER MANAGEMENT 4700 RESEARCH WAY • LAKELAND, FLORIDA 33805 (863) 874-8418 • ADDSUPPLIER@FLORIDAPOLY.EDU



## **ELECTRONIC PAYMENT AUTHORIZATION**

START STOP CHANGE OF INFORMATION (INCLUDE W9)

NAME CHANGE ONLY (INCLUDE W9)

**BUSINESS INFORMATION** 

FEDERAL TAX IDENTIFICATION NUMBER CHECK ONE EIN SSN

**BUSINESS NAME OR PAYEE** 

NAME PROVIDED MUST MATCH THE W-9 SUBMITTED

**ADDRESS (NUMBER & STREET)** 

CITY STATE ZIP

TELEPHONE FAX

EMAIL EFT PAYMENTS NOTIFICATIONS YES NO

**EMAIL ADDRESS FOR EFT PAYMENT NOTIFICATIONS** 

**BANKING ACCOUNT INFORMATION** 

**COUNTRY** BANK NAME

BANK CODE ACCOUNT #

TRANSIT ROUTING NUMBER OF YOUR FINANCIAL INSTITUTION

**BANK IDENTIFICATION CODE** 

**BANK INSTRUCTIONS** 

ACCOUNT TYPE CHECKING SAVINGS REQUIRE PRENOTIFICATION YES NO

FOREIGN SUPPLIERS ONLY

**BRANCH CODE (SWIFT CODE)** 

BRANCH NAME NAME ON ACCOUNT

## I HAVE ATTACHED THE FOLLOWING BANKING ACCOUNT VERIFICATION AS REQUIRED

VOIDED CHECK **OR** SIGNED LETTER FROM BANK LISTING ACCOUNT INFORMATION

## **AGREEMENT**

I HEREBY AUTHORIZE AND REQUEST FLORIDA POLYTECHNIC UNIVERSITY TO INITIATE CREDIT ENTRIES AND, IF NECESSARY, A DEBIT ENTRY IN ACCORDANCE WITH NACHA RULES REVERSING A CREDIT ENTRY MADE IN ERROR, TO MY ACCOUNT AT THE FINANCIAL INSTITUTION NAMED. THE ELECTRONIC PAYMENT DATA REMAINS IN EFFECT UNTIL AN ELECTRONIC PAYMENT AUTHORIZATION CHANGE HAS BEEN SUBMITTED.

NAME OF PERSON COMPLETING FORM TITLE

SIGNATURE OF PERSON COMPLETING FORM DATE

**EPA VERSION 2**