

FLORIDA POLYTECHNIC UNIVERSITY

FINANCE & ADMINISTRATION • SUPPLIER MANAGEMENT

4700 RESEARCH WAY • LAKELAND, FLORIDA 33805

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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