# Ithaca College
# Accounts Payable Office
# EFT Authorization

***Please Print All Information***

Check one to identify your status: ☐ Employee ☐ Student ☐ Supplier

Name _____
Last First

Ithaca College ID Number: ☐☐☐ ☐☐☐ ☐☐☐

Check One: ☐ New Authorization ☐ Change of information on existing authorization

Campus Phone Number _____ Home Phone Number _____

E-mail Address _____

## Financial Institution Information

Bank Name _____ Bank Address _____
(City and State)

Institution's Routing Number for ACH*

☐☐☐☐☐☐☐☐☐

*The ACH routing number is the first 9 numbers on the bottom left corner of your check. ***Please contact your financial institution if you are not able to locate the ACH number.***

Account Number _____ ☐Checking ☐Savings

**Please attach a VOIDED CHECK for checking accounts**

Authorization

1) I request and authorize Ithaca College to deposit any reimbursements or other approved payments into my account with the financial institution indicated above. I further authorize posting error corrections to my accounts and repayment to Ithaca College for amounts deposited in error.

2) This Authorization will remain in full force and effect for the duration of my employment, or until Ithaca College discontinues the service, or until I submit a written request to terminate the service. I will submit this request to the Accounts Payable Office in a timely manner as to afford Ithaca College and my financial Institution a reasonable opportunity to act upon my request.

Signature_____Date _____

Please deliver or mail to:
Ithaca College Accounts Payable, 1403 West Tower, Ithaca, NY 14850-7035

For Account Payable Office Use Only Input by: Date: Prenote: Y N