



## Request for Vendor EFT Information

### Privacy Act Statement

The following information is provided to comply with the Privacy Act of 1974. The collection of the information you are requested to provide is required and authorized under the provisions of 31 CFR 209 and/or 210. This information is confidential and will be used by Georgia State University to process payment data by electronic means to the vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments.

### EFT Action Requested (check one)

START

CHANGE

CANCEL

**IMPORTANT:** For a start or change request, attach and return a voided check with completed form.

### Vendor Information

VENDOR NAME:

VENDOR ADDRESS:

SSN OR TAXPAYER ID NO:

### Vendor Contact Information

PRIMARY EFT CONTACT NAME:

E-MAIL ADDRESS:

PHONE NUMBER:

FAX NUMBER:

### Financial Institution Information

FINANCIAL INSTITUTION NAME:

ADDRESS:

ROUTING TRANSIT NUMBER: (9 DIGITS)

ACCOUNT TITLE: (ACCOUNT HOLDER'S NAME)

ACCOUNT NUMBER:

ACCOUNT TYPE: (CHECK ONE)

CHECKING

SAVINGS

### Vendor Authorization

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:

DATE:

### \*\*\*For Georgia State University Use\*\*\*

VENDOR ID FROM SPECTRUM:

VENDOR REMIT TO LOCATION NUMBER:



**Instructions for Completing 'Request for Vendor EFT Information' Form**

1. **EFT Action Requested Section:** Place an "X" in the appropriate box to indicate if you are requesting to start EFT, change your current EFT information on file with Georgia State University, or cancel (discontinue) receiving payments via EFT.

**IMPORTANT:** If you are submitting a start or change request, you MUST include a voided check along with the completed form or your request will not be processed.

2. **Vendor Information Section:** This section will be completed by Georgia State University prior to mailing. GSU completes this section to ensure that banking information is correctly associated with the proper vendor information within the payables system.
3. **Vendor Contact Information:** Provide the name, e-mail, phone and fax number of the individual who will be the primary EFT contact.
4. **Financial Institution Information:** The information provided by the vendor in this section will determine to which financial institution and account GSU directs payments. The check image below should aid in gathering financial information to complete this form.
  - 1) Financial Institution Name – Provide the name of the financial institution to which payments are to be directed.
  - 2) Address – Provide the full address of the financial institution to which payments are to be directed.
  - 3) Routing Transit Number – A bank identifier, always found at the bottom of your check. This number is 9 digits long.
    - a. If your check includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for EFT processing.
  - 4) Account Title – Provide the depositor's name (account holder's name) on the account to which payments are to be directed.
  - 5) Account Number – Your bank account number at your financial institution. There is no fixed number of digits, account numbers vary in length from bank to bank.
  - 6) Account Type - Place an "X" in the appropriate box to indicate a checking or savings account.

5. **Vendor Authorization:** Proper authorization must be provided by an authorized official in order for GSU to process the EFT Request form. The authorized official should sign and date the form, as well provide his/her title.
6. **\*\*\*For Georgia State University Use\*\*\* Section:** This section will be completed by Georgia State University prior to mailing. This information aids GSU in vendor identification within the payables system.
7. Mail the completed and approved form along with a voided check to Georgia State University, Purchasing Department, Attn: EFT Coordinator, P.O. Box 4016, Atlanta, GA 30302-4016 or fax to (404) 413-3165.