



Michigan Technological University

Accounting Services

224 Administration Building
1400 Townsend Drive
Houghton, MI 49931-1295
906/487-2242 Fax 906/487-2119

Electronic Funds Transfer (Direct Deposit) Authorization for Vendor Payments

Issued under P.A. 94 of 1979. Filing is voluntary.

Type of authorization (select one only)

For Internal MTU Use Only MTU ID#

NEW: Complete and verify Payee Information

CHANGE: When changing your financial institution, account number, or type of account, you must complete and verify Payee Information.

CANCELLATION (Revocation): You may cancel (revoke) this Authorization by checking this box, completing and verifying Payee Information of this form.

PAYEE INFORMATION

Please print or type

The number below is:	Individual Taxpayer ID No. (ITIN)
Social Security No.	Federal Employer ID No. (FEIN)

1. Payee Name	2. Social Security Number or Federal ID Number (FEIN)	3. Daytime Phone Number
4. Remit To Address (Street or RR#)	5. City, State, ZIP Code	
6. Name and Title of Contact Person	7. Email Address for EFT Notification	

I authorize Michigan Technological University to deposit payments owed to me by the university, by electronic funds transfer into the designated financial institution and account number. I understand this authorization remains in effect until cancelled in writing by: (a) Payee or Payee's Authorized Signatory, or (b) Michigan Technological University and remittance detail and payment information will be transmitted directly to your financial institution via the Corporate Trade Exchange (CTX) format

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the State of Michigan's rules about electronic funds transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.

Authorized Signature

8. Print or Type Name of Payee or Payee's Authorized Signatory	9. Title of Authorized Signatory
10. Signature of Payee or Payee's Authorized Signatory	11. Date

Attach: **voided check** for checking accounts **OR savings deposit slip** for savings account
Form will not be processed without information below.

COMPLETE THIS SECTION FOR NEW DIRECT DEPOSIT (OR FOR CHANGES)

I authorize Michigan Technological University to deposit the net amount of my refund, reimbursement or fellowship check to the account number indicated below.

Financial Institution: _____

CHECKING SAVINGS

Routing Number (ABA#): _____

Account Number: _____

This bank information is applicable regardless of invoice address

Return this form to the MTU Cashier's Office (in the Administration Building) or mail it to
Cashier's Office, 1400 Townsend Dr., Houghton, MI 49931.
Make sure to include all required attachments.
Please contact MTU Cashier's at (906) 487-2247 with any questions.