



**ACH / EFT AUTHORIZATION FORM**

For Receiving Payment by Automatic Clearing House (ACH) or Electronic Funds Transfer (EFT)

- New Setup
- Change Bank
- Change Account Type
- Change Account Number
- Cancellation

Please Check Appropriate Box(es)

See page 2 for instructions

(Type or Print in Ink)

**SECTION I Payee Identification** Payee must be the party to whom payment is due pursuant to the underlying contract or agreement with Boise State University.

TAXPAYER NAME		TAXPAYER IDENTIFICATION NUMBER (EIN/SSN)
BUSINESS OR DBA (doing business as) NAME		BUSINESS PHONE NUMBER ( ) -
MAILING ADDRESS / CITY / STATE / ZIP CODE		FAX NUMBER ( ) -
CONTACT PERSON	EMAIL ADDRESS	CONTACT PHONE NUMBER ( ) -

**SECTION II Bank Information**

BANK NAME	BANK ADDRESS / CITY / STATE / ZIP CODE	
BANK ACCOUNT NUMBER (not to exceed 17 digits)		TYPE OF ACCOUNT
		<input type="checkbox"/> SAVINGS
ROUTING NUMBER (9 digits)		<input type="checkbox"/> CHECKING

**SECTION III Authorization for Setup, Changes, or Cancellation** Important! Please read before signing and submit.

**CANCELLATION / CHANGE OF ACCOUNT**

The agreement represented by this authorization remains in effect until canceled in writing by the Payee or until the program is suspended or terminated by Boise State University. Payments will be credited into the account designated above until the Boise State University's Accounts Payable Vendor Specialist is notified in writing of a request to cancel this authorization or designate a different bank or account. Six to ten business days after notification are needed to implement such a request. To make any changes, submit a new form with the updated information. If any action or inaction taken by the Payee results in non-acceptance of an EFT credit/deposit by the designated bank, Payee acknowledges that Boise State University has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to Boise State University by the bank. If non-acceptance by the bank is the result of action or inaction taken by the Payee, Boise State University will not be held responsible for late fees, penalties, or consequential damages caused by this non-acceptance. Please do not close a designated account until ten days after notifying Boise State University, Accounts Payable Vendor Specialist, of a request to cancel or change the account.

**RECOVERY OF FUNDS DEPOSITED IN ERROR**

In the event that an erroneous payment occurs, creating an over-payment, Boise State University will ask that a reimbursement check or credit memo be issued to Boise State University, Accounts Receivable, within 14 days. Boise State University may utilize any other lawful means to recover payments to which the Payee is not entitled, including deducting the amount owed from future payments until the total over-payment is recovered.

By signing this form, I certify that I have read and understand the information contained in Section III above. I certify that the information contained herein is true and accurate and that I am an authorized signer for the designated account. I authorize Boise State University, Accounts Payable Department, to credit/deposit payments to the designated account. I certify that I am authorized to enter into this agreement on behalf of the account holder.

1. SIGNATURE OF ACCOUNT HOLDER NAME / *TITLE  <b>X</b> *Title required if company account	1. PRINTED NAME	1. DATE
2. SIGNATURE OF JOINT ACCOUNT HOLDER NAME / *TITLE  <b>X</b> *Title required if company account	2. PRINTED NAME	2. DATE

**IMPORTANT:** Please attach a voided check for the account to be credited. Your voided check will verify bank account and routing numbers. If you are unable to provide a voided check, a bank specification sheet may be used instead.

**Return to:** Boise State University, University Financial Services  
Accounts Payable, ATTN Vendor Specialist  
1910 University Drive, Boise ID 83725-1248 or fax to (208) 426-4460

*Make a copy for your records.*

## Instructions for Completing the ACH / EFT Authorization Agreement Form

**General**

Check the appropriate box for the transaction type.  
Please type or print legibly.

Return signed form by email to [Accounts-Payable@boisestate.edu](mailto:Accounts-Payable@boisestate.edu), by mail to Boise State University, University Financial Services, Accounts Payable, ATTN Vendor Specialist, 1910 University Drive, Boise ID 83725-1248, or by fax to (208) 426-4460 within ten days from the date this form was received. Make a copy for your records.

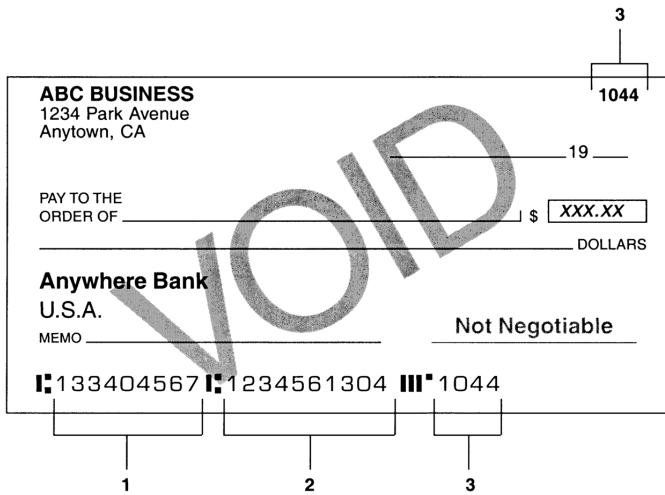
**Section I Payee Identification**

Complete all blocks in this section. Your Taxpayer Identification Number is required (EIN or SSN).

**Section II Bank Information**

Please complete every block of information in this section. Please attach a voided check for the account to be credited. Your voided check will verify bank account and routing numbers. If you are unable to provide a voided check, a bank specification sheet may be used instead.

The example of a voided check, shown below, indicates where to locate the routing number for your bank and your bank account number. Remember to mark the word "void" across the face of the check that you return with the authorization agreement form.



- 1 Routing Number  
(requires 9 digits)
- 2 Bank Account Number  
(not to exceed 17 digits)
- 3 Check Number

**Section III Authorization for Setup, Changes, or Cancellation**

**Important Information**

1. **New Bank Account or Routing Number**  
If you are submitting an authorization agreement form to change the designated bank account or routing number, you will not receive a confirmation notice. Please allow ten business days to process this change.
2. **Cancellation / Change of Account**  
The agreement represented by this authorization remains in effect until canceled in writing by the Payee or until the program is suspended or terminated by Boise State University. Payments will be credited into the designated account until Boise State University, Accounts Payable Vendor Specialist, is notified in writing of a request to cancel this authorization or designate a different bank or account. Six to ten business days after notification are needed to implement such a request. To make any changes, submit a new form with the updated information. Please do not close the designated account until ten days after notifying Boise State University, Accounts Payable Vendor Specialist, of a request to cancel or change the account.
3. **Recovery of Funds Deposited in Error**  
In the event that an erroneous payment occurs, creating an over-payment, Boise State University Accounts Payable will ask that a reimbursement check or credit memo be issued to Boise State University Accounts Receivable within 14 days. Boise State University may utilize any other lawful means to recover payments to which the Payee is not entitled, including deducting the amount owed from future payments until the total over-payment is recovered.
4. Payee signature on page 1 acknowledges acceptance of the terms and conditions.