

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

I, the undersigned, hereby authorize the Old Dominion University Research Foundation (the “Research Foundation”) to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account listed below. This authority is to remain in full force and effect until the Research Foundation has received written notification of its termination in such time that the Research Foundation has a reasonable opportunity to act on it. **This form is for Accounts Payable EFT payments only.**

Please complete the following information:

Company/Individual Name: _____

UIN/Rfid: _____

Contact Phone Number: _____

Contact Email Address
For EFT Notification: _____

Account Name: _____

Account Number: _____

ABA Routing Code: _____

☐ Checking ☐ Savings

Bank Name: _____

Bank Address: _____

A voided check or bank verification letter must be included.

Authorized Signature

Print Name

Date

Title

Return form with a scanned voided check or bank verification letter to RFapeft@odu.edu