

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Business Entity or Full
Legal Name: _____

Remittance Address: _____

Phone Number: - -

Fed Tax ID: -

OR

SSN (last four digits only): - -

Banking Information for EFT Transfer

Bank Name: _____

Address: _____

Account Number: _____

Account Type (Select one): Checking Savings

Bank Routing#

Please provide the following information to receive EFT advice (email address cannot have any underscores):

Email at: _____

Authorized Signature

Print Name & Title Date

You are required to submit ONE of the following with this completed EFT Form:

- Copy of blank voided check
- Letter of account from banking institution
- Sample invoice with banking information

Send this completed form with required documentation to:

1. Email to: UCOP_Su.6vtx3ka8sukiffwr@u.box.com
(this is a valid, secure email address that is linked to a secure box folder)

2. Mail to: **UCOP Business Resource Center**
Attention: CAAP Team
1111 Franklin Street, 9th Floor
Oakland, CA 94607