

California State University | Stanislaus

Authorization for Electronic Payment

Company Information:

Company Name: _____

Company Address: _____

Telephone Number: _____ Fax Number: _____

Bank information:

Bank Name: _____

Bank Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Bank Routing Code: _____ Checking Savings

Bank Account Number: _____ Account Currency: _____

Bank Account Holder Name: _____

SWIFT Code (if outside USA): _____ IBAN (if available) _____

Remittance Advice Information:

Contact Name: _____ Email Address: _____

(Only one payment advice email address is allowed per company)

Authorization:

I certify that the information above is true and correct, and that I, as a representative for the above named company, hereby authorize California State University, Stanislaus and its related Auxiliaries (ASI, USU, ABS, FDN) to electronically deposit payments to the designated bank account. This authority remains in full force until California State University, Stanislaus, or its related entities, receives written notification requesting a change, cancellation, or until California State University, Stanislaus, or its related entities, notifies you that the service is no longer available.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Submit the completed form to:

Michelle Merrifield."Email: mmerrifield@csustan.edw

Postal Mail

Michelle Merrifield

CSU Stanislaus - Financial Services

One University Circle MSR 270

Turlock, CA. 95382