California State University | Stanislaus

Authorization for Electronic Payment

Company Information:

Company Name: _____ CSUS Vendor ID:_____

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: _____

(0nly 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 to electronically deposit payments to the designated bank account. (This includes my authorization to reverse any entries made in error), This authority remains in full force until California State University, Stanislaus receives written notification requesting a change, cancellation or until California State University, Stanislaus notifies you that the service is no longer available.

Authorized Signature:_____ Date:_____

Printed Name:_____ Title: _____

Submit the completed form to CSUS:

Email: Fin_Stud@csustan.edu

Fax: (209) 667-3076

Postal Mail:
California State University, Stanislaus
Attn: Financial Services
One University Circle
Turlock, CA 95382