

Supplier Electronic Payment Authorization Form

Please select one:	□ New ACH/EFT Enrollment	☐ Change To Existing ACH/	EFT Cancel	l ACH/EFT	
Supplier Informati	on:				
Supplier Name:		Supplier Tax ID:			
Supplier Address:					
Supplier Financial	Institution Information:				
	nts" and "Changes To Existing ACH/EFT" selv	ections above must be accompanied by one ((1) of the following: void	ed check, voided depo	
	H/EFT" and "Cancel ACH/EFT" selections a	bove require completion of Previous Bankir	<mark>ng Information, or Three</mark>	Most Recent Paymen	
) - - - - - - - -	N D			
Bank Name:	Sanking Information	Bank Name:	New Banking Information		
Routing Number:		Bank Address:			
Account Number:		City / State / Zip:			
Name on Account:		Country:			
	st Recent Payments	-			
	Check / Ref # Amount	Routing Number:			
Payment 1:		Account Number:			
Payment 2:		Name on Account:			
Payment 3:		Type of Account:	□Checking	□Savings	
Electronic Remitta	nce Advice:				
Name:		Email Address:			
Name.		Eman Address.			
authorize California Sta payments to the designa its related entities, rec	nation above is true and correct, are the University, Stanislaus and its related bank account. This authority revives written notification request entities, notifies you that the services	elated Auxiliaries (ASI, USC, A remains in full force until Califo ting a change, cancellation, or	ABS, FDN) to electronia State Univers	tronically depos ity, Stanislaus, o	
Authorized Signature: _		Date:			
Printed Name:		Title:			
Submit completed CSU Stanislaus – I Attn: Accounts Pay One University Cir Turlock, CA 9538 Fax: (209) 667-3 Email: accountspay	Financial Services yable rele MSR 270 2-3200 076				