

**UNIVERSITY OF FLORIDA DOMESTIC ELECTRONIC  
PAYMENT AUTHORIZATION  
Matthew Ellis, Deputy Controller  
PLEASE TYPE OR PRINT CLEARLY**

**\*\*Please note that in order to add your ACH information we must have one of the following forms of account verification:**

1. A voided check which confirms the account/routing number on your form. No starter checks accepted. An image of a voided check will suffice.
2. The first page of a bank statement that lists and confirms the account #, Bank name or routing #, and account holder's name. Feel free to redact balance or bank transaction information.

Your Tax Identification Number

**ALL FIELDS  
REQUIRED!**

Legal Name

Address (Number, Street)

City

State

Zip Code

Telephone  
(       )

Fax  
(       )

Action Requested  
(Check Only One)

- (1) ☐ Start  
(2) ☐ Change  
(3) ☐ Stop  
(4) ☐ Name Change Only

Account Type  
(Check Only one)

- (1) ☐ Checking  
(2) ☐ Savings

Your Account Number

Transit Routing Number of Your Financial Institution

Name of Your Financial Institution

Telephone Number of Your Financial Institution  
(       )

Signature

Date

Email address for Remittance Advice

THIS FORM MUST BE SIGNED AND DATED BY PAYEE Signature  
above signifies acceptance of the terms and conditions in the  
**AGREEMENT** to the right.

**PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!**

**For a Start or Change of electronic payment all boxes  
must be completed.**

**Do not leave information blank!**

**This form will start, change, or stop electronic payment for all payments received by you from the University of Florida. This does not apply to employee salary payments.**

Name:

Please be sure your last name on this form matches the last name on the W-9 on file with Purchasing and Disbursement Services Office. Your electronic payment will not start if the last names do not match.

Action Requested:

- (1) Check **Start** if you don't have electronic payments and wish to.  
(2) Check **Change** if you have electronic payments and wish to change your financial institution or just your account number or account type (checking or savings). Your current electronic payment is stopped when a change request is received. While the change is being processed, you will be paid by warrant (check).  
(3) Check **Stop** if you wish to stop your electronic payment.  
(4) Check **Name Change Only** if you are changing only your name to correspond to your W-9. Complete the top portion of the form and sign and date it.

Account Number:

Please make sure the account number written on this form is correct. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

Transit Routing Number:

This is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of your checks.

**AGREEMENT**

I hereby authorize and request the University of Florida to initiate credit entries to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by:

- (a) Written notification to the University;  
(b) death or legal incapacity;  
(c) the financial institution or  
(d) the University of Florida.

Special Note:

Please make sure your electronic payment has stopped before closing your account. Otherwise, the funds will be returned to the University and cause a delay before you receive your payment in the mail.

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