



FOUNDATION, INC.

For Foundation Use Only	
Received by: _____	Date: _____
Recorded: _____	

EFT Authorization Form

(Please type or print legibly)

Payee Information:

First time payees must complete a vendor profile form before payment is processed.

Name: _____ SSN (Last 4 digits): _____
First Last

Address: _____
Street City State Zip

Phone: _____ Email: _____

Account Information:

Please enter account numbers EXACTLY as they need to appear and **ATTACH A VOIDED CHECK.**

Type of Account (check only one) Checking Savings

Routing Number (9 digits): _____

Account Number: _____

Financial Institution Name: _____

Phone: _____

Authorization:

I hereby authorize the University of West Georgia Foundation, Inc. (the Foundation) to provide for direct payment of any invoice or reimbursement due to me into the above-designated account. I also authorize the Foundation, if necessary, to withdraw funds from the account above to correct any over-payment errors. This authority is to remain in full force and effective until the Foundation office receives written notice from me to terminate the direct deposit, allowing a reasonable amount of time for the Foundation and the financial institution to act. I accept responsibility for notifying the Foundation office of any changes to my account status. I also understand that changes may take up to two (2) weeks and that regular (paper) checks may be distributed during this period. If any action taken by me results in non-acceptance of a direct payment by the designated financial institution, I understand that the Foundation assumes no responsibility for processing a supplemental payment until the amount of the non-accepted deposit is returned to the Foundation by the financial institution.

Signature

Date

Return Form to: Foundation Office Attn: Brittany Christman **Questions?**

Please contact Brittany at 678-839-4109 or bchristm@westga.edu