University of San Francisco | Accounting & Business Services

## Vendor Request Form for Electronic Funds Transfer (EFT)

VENDOR INFORMATION -please print clearly				
Vendor Name:				
Remittance Address:				
Remittance City, State an	nd Zip code:			
Contact Name:				
Contact Phone:				
Email Address:				
BANKING INFORMATION				
Bank Name:				
Bank Address:				
Bank City, State and Zip code:				
ABA Routing #:				
Account #:				
Account Type:	Select one:	Checking	Savings	
VENDOR AUTHORIZATION  Please sign below to confirm that you are authorizing the University of San Francisco to begin				
transferring payments for your invoices to the account listed above:				
X Authorized Signatu	 ire		Title	
Phone number			Date	

Please submit completed form by:

**Email**: ap@usfca.edu | Fax: (415) 422-2530

**US Mail:** University of San Francisco

Office of Accounting & Business Services | LMN 3<sup>rd</sup> Floor 2130 Fulton Street | San Francisco, CA 94117-1080