Vendor Electronic Funds Transfer (EFT) Request Form

Clear Form

Vendor Information -*please print clearly*

Vendor Name: _____

Remittance Address: _____

Remittance City, State and 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 Signature Title

_____ _____

Phone number Date

Please submit completed form to one of the following:

Email: accountspayable@usfca.edu

Fax: (415) 422-2530

US Mail: University of San Francisco
Business & Finance, LMN, 3rd Floor
2130 Fulton Street
San Francisco, CA 94117-1080