

EASTERN MICHIGAN UNIVERSITY
ONE TIME PAYMENT REQUEST

(To be used for one-time ACH for student organization balance transfer)

Date: _____

Student Organization Name: _____

Contact Name: _____

Contact Phone: _____

Fund/Org Name: _____

FOAPAL: _____ / 200001 / 3535 / 50
FUND *ORG* *ACCT* Program

Amount: _____

Bank Name: _____

Officer #1 Name: _____

Officer #1 Signature: _____

Officer #2 Name: _____

Officer #2 Signature: _____

Advisor Name: _____

Advisor Signature: _____

- Deliver to General Accounting, 202 Hover
- Requestor must present a picture ID
- Must be submitted with completed Direct Deposit and W9 if not already on file in Finance

General Accounting Office Signature _____
(Needed to verify Amount and FOAP and Organization status)