

EASTERN MICHIGAN UNIVERSITY

Authorization for Mastercard or Direct Deposit

I (the undersigned) hereby authorize Eastern Michigan University to make electronic deposits/credit entries into the account identified below on my behalf (and appropriate adjustment entries directly related to and not to exceed any previously deposited credit entry). It is agreed that these deposits and adjustments will be made electronically by a Depository Financial Institution. It is also understood that Eastern Michigan University will not be held responsible for any insufficient funds/returned checks. Deposits can be made to a Financial Institution with a federal routing number under the rules of the Michigan Automated Clearing House Association. Vendors must notify Accounts Payable in writing when closing the relevant bank/credit union account. **This authorization is to remain in full force until notification from me of its termination in such time as to afford them a reasonable opportunity to act on it.**

PAYMENTS VIA MASTERCARD

Yes, I/we _____ choose to have approved payments processed upon receipt via Mastercard. *An EMU representative will contact you.*

PAYMENTS VIA DIRECT DEPOSIT

Name of Bank/Financial Institution: _____ Account Number: _____ Routing Number: _____
1) _____

Type of Account: Checking _____ Savings _____

Name as it appears on account:

Signature of Authorizing Party

Date

Name of Authorizing Party (print)

Email address to receive explanation of payment (print)

EID number (if applicable)

Telephone number

Declaration-U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions

Will the payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into the account?

NO

YES – fill out the Foreign Financial Institution information below:

Foreign Financial Institution Name: _____

Foreign Financial Institution Identification Number: _____

Foreign Financial Institution Address: _____

Accounts Payable Department
112 Hover Building
Ypsilanti, MI 48197
Office 734-487-0022
Fax 734-485-5281

Please attach a blank check with VOID written across (only) or notification from your bank with your account and routing numbers.

“Remember to save the Direct Deposit emails for your records.”