

DISBURSEMENTS OFFICE
ELECTRONIC FUNDS TRANSFER
(EFT) AUTHORIZATION

(UC Berkeley students: Please apply for EFT at <http://eftstudent.berkeley.edu>)

For office use only: Vendor # _____
Date Entered _____

DATE _____ ~ New ~ Change ~ Cancel

Section 1: Payee Information

_____ ~ Employee ID # *(UC petty cash custodians are not eligible for EFT)*

Individual: _____
NAME (Last, First, Middle) If vendor, ~ Social Security # or ~ EIN

OR:

Company: _____
NAME NAME of President or Controller

Mailing Address: _____
No. Street City State Zip

E-mail Address: _____ Phone: _____ Fax: _____
(123)456-7890 (123)456-7890

Section 2: Bank Information

Financial Institution: _____
(Cannot be an investment firm)

Address: _____
Street City State Zip

Account Type: ~ Checking* ~ Savings Account Number: _____

***You must ATTACH A VOIDED CHECK pre-printed with your name, address, and account number. Do not sign the check.**

- **This authorization will remain in effect until canceled in writing.** A new authorization form **must** be completed if you close this bank account or if you wish to designate a different bank account to receive the funds. Failure to notify the Disbursements Office of a closed account will cause a delay in receiving your payments.
- An EFT statement (equivalent to a check stub) will be mailed or sent via e-mail. Please notify Disbursements of any change in your e-mail address. If you are a student, please keep your address current via the Bear Facts website (<http://bearfacts.berkeley.edu>).
- Upon receipt of this form, it will take approximately two business for EFT to become effective. In the meantime, any payments will be issued through routine paper check disbursement methods.

Section 3: EFT Authorization

I hereby authorize: (Check the appropriate selections)
 the University of California, Berkeley to deposit payments via Electronic Funds Transfer, **and** the above named financial institution to credit payments to this account.
 the University of California, Berkeley to cancel my EFT payment election.

Signature: _____

If company, please print your name: _____ Title _____

Privacy Notifications:

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security Number is mandatory. Disclosure of the Social Security Number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404 1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security Number is used to verify your identity. The principal uses of the number may include the reporting of (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Worker's Compensation earnings, (4) earnings and contributions to participating retirement systems, and (5) as an identifier for your insurance carrier to verify your eligibility and to maintain claim records for you and your eligible dependents.

The State of California Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves: The primary purpose for requesting information on this form is to acquire authorization to disburse payments directly to a financial institution of your choice. Furnishing all information on this form is mandatory, and failure to provide such information will delay or even prevent completion of the action for which the form is intended. The office responsible for maintenance of the information on this form is the Disbursements Office.

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Please fold, affix appropriate postage, and return to address below

Electronic Funds Transfer (EFT) Unit
University of California, Berkeley
Disbursements Office
2195 Hearst Ave., Room 159
Berkeley CA 94720-1101