

Business Office use
 only:
 Vendor # _____
 Input by _____
 Reviewed by _____

Please mail or FAX form.
 Contains sensitive data
 so do not send via email.

UNIVERSITY OF ALASKA

ELECTRONIC PAYMENT AGREEMENT

(For vendors doing business with the University of Alaska)

TAXPAYER ID – SSN/EIN Required		ID number assigned to the legal name below and used for tax reporting	
LEGAL NAME Required (Name that Tax ID above is assigned to and is used for tax reporting)			
BUSINESS NAME (DBA – Doing Business As Name. If different from legal name shown above)		ACCEPT CREDIT CARD PAYMENTS? Required YES NO	
MAILING ADDRESS Required		CITY	STATE ZIP CODE
CONTACT NAME	DAYTIME PHONE Required	FAX NUMBER	EMAIL ADDRESS

ARE YOU? Required	
<input type="radio"/> ADDING <input type="radio"/> * CHANGING <input type="radio"/> CANCELLING THIS AGREEMENT	
FINANCIAL INSTITUTION NAME Required	ACCOUNT NAME (Business/Legal Name on Account) Required
ABA/ROUTING TRANSIT NUMBER (9-Digit RTN) Required	FULL ACCOUNT NUMBER Required Please attach a voided check or other bank verification of account number as applicable
ACCOUNT TYPE Required <input type="radio"/> CHECKING <input type="radio"/> SAVINGS	
*FOR CHANGES ONLY If you indicated you are changing banks, please list your prior banking information:	ABA/ROUTING TRANSIT NUMBER FULL ACCOUNT NUMBER
IS THIS ACCOUNT PRIMARILY A PERSONAL OR BUSINESS ACCOUNT? Required	
<input type="radio"/> PERSONAL. Payments are deposited separately with one addendum (remittance) record for each payment. -OR- <input type="radio"/> BUSINESS. Choose ONE of the business account addenda information format options below.	
<input type="radio"/> Payments deposited separately with one addendum (remittance) record for each payment. <input type="radio"/> Payments combined into one deposit with multiple addenda (remittance) records for each payment in the deposit (used by large businesses expecting multiple payments).	

AGREEMENT AND AUTHORIZATION

I certify that I am authorized to approve this agreement consistent with Alaska law. I hereby authorize the University of Alaska to satisfy payment obligations due to me by making deposits to the account indicated above. I understand that receipt of the electronic fund transfer(s) will fulfill the payment obligation and the University will be credited for the full amount on the date the fund transfer is completed. I understand the University will make a reasonable effort to notify me within 24 hours if a reversing entry is made against this account. This authority is to remain in full force through the duration of this agreement. I understand that thirty (30) days written notice is required if I change financial institutions, account numbers or type of account.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of direct deposit is not being forwarded to a bank in another country and that if at any point I establish a written order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the University of Alaska immediately.

I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS11.56.210 as a class A misdemeanor.

If the University discovers that the full amount of direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. All correspondence with the University concerning this agreement or any changes to account information should be sent to the address at the top of this form. All terms remain in effect until this agreement is terminated by either party.

PRINTED NAME Required	TITLE
SIGNATURE Required	DATE Required