

**UNIVERSITY OF LOUISVILLE
REQUEST FOR EFT DEBIT AUTHORIZATION
(FOR INTERNAL UNIVERSITY USE ONLY)**

This is to request approval for the Vendor named below to be granted authorization to debit the University's bank account direct for monies owed. The signature of a University employee who is an Authorized Signer for Requests for Disbursements is required. Print completed form and return the original to Treasury Management (a scanned copy may be emailed to TREASMGT@louisville.edu). Upon receipt of the completed form Treasury Management will verify and, if approved, contact the department to setup releasing the University's bank account information to the Vendor.

Select One:

New Authorization

Update Existing Authorization

Cancel Authorization

Department Name:

Contact:

Phone:

Fax:

Email:

Vendor Number:

Vendor Name:

Street:

City:

State:

Zip Code:

If International, Country:

Postal Code:

Amount, if known:

Frequency of Payment:

Comments:

PeopleSoft Speed Type and Account Code for Posting Payment (one only)

Speed Type:

Account:

Note: Our University Accounting department will post to the SpeedType/Account specified above. If there is a need to reallocate to additional SpeedType and/or Accounts please contact University Accounting.

Signature of Authorized Signer

Title

Date