

# Murray State University

## ELECTRONIC FUNDS TRANSFER AGREEMENT

I request and authorize Murray State University to make electronic deposits and adjustments to my designated account. This authority is to remain in full force and effect until the University has received written notification from me to terminate this agreement and in such time to afford the University reasonable opportunity to act on it. These accounts and allocations will be used for all payments made to the Depositor/Employee by the University.

**Do Not Send via Fax or Campus Mail.**

<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> DEPOSITOR'S NAME (Employee)	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> "M" Number UNIVERSITY ID NUMBER
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> PERMANENT ADDRESS/CITY/STATE	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> LOCAL PHONE NUMBER
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> DEPARTMENT NAME	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> DEPARTMENT PHONE NUMBER

**CHECK ONE:**

Initial Setup	Account Number Change Only	Change Amount of Deposit
Changing Financial Institution	Additional Bank Account	

**Financial Institution:**

Name of Bank ABA Number

Checking      Savings      Account Number

Dollar Amount to Deposit: \$ \_\_\_\_\_ or % of Check \_\_\_\_\_ or Full Check Amount \_\_\_\_\_

**\*\*PLEASE READ CAREFULLY: IN THE EVENT A CREDIT IS MADE TO MY ACCOUNT IN ERROR, MY SIGNATURE AUTHORIZES THE UNIVERSITY AND IT'S DESIGNATED BANK TO MAKE A CORRECTING ENTRY AS NECESSARY.**

<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Authorizing Signature	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date
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**ACH Requirements:**  
 After Accounting receives this form, the next available pay period may be a prenote - no \$\$\$ deposit.  
 (the financial institution verifies account # prior to actual dollar deposit)  
 The following pay period your specified dollar amount will deposit into your account.

**FOR ACCOUNTING DEPARTMENT USE ONLY**

Employee ID Confirmed By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 [Acct Dept Employee or Rep from Extended Campus]      Print

Photo ID Required \_\_\_\_\_  
 \_\_\_\_\_ Signature

Entered \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Verified \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_