ORAU
OAK RIDGE ASSOCIATED UNIVERSITIES

For office use:

☐ **Monthly** ☐ **Corp.**

☐ **Bi-weekly** ☐ **Gov.**

☐ **Foreign Nat.** ☐ **LPR**

Authorization Agreement for Electronic Funds Transfer (EFT)
Stipends and Other Participant Payments

NAME (PLEASE PRINT): _____ PHONE #: _____

MAILING ADDRESS: _____

_____

REQUIRED: E-MAIL ADDRESS (27 characters or less): _____

ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME: _____

BRANCH NAME: _____

NAME ON ACCOUNT: _____

ACCOUNT TYPE: (circle one) ☐ Checking ☐ Savings

ACCOUNT NUMBER

TRANSIT ROUTING NUMBER (number on the bottom of your check at the extreme left inside special characters; **to avoid errors, please verify this number with your bank**.

⑆										⑆

I hereby authorize Oak Ridge Associated Universities, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above. I also authorize the financial institution indicated above to credit and/or debit the same to such account. This authorization is to remain in full force and effect until it is replaced by me with another authorization agreement or until I notify ORAU in writing that I wish to terminate this agreement or until ORAU terminates this agreement for lack of activity.

SIGNATURE _____ **DATE:** _____

ATTACH A VOIDED BLANK CHECK FROM YOUR ACCOUNT

NOTE: BANK ROUTING NUMBER MUST BE CONFIRMED BY YOUR BANK

Positions Below May Be Different Than What Is On Your Check

EXAMPLE:
(See NOTE Above)

Routing No.	**Account No.**	**Check No.**
999999999	**9999999999999**	**9999**

Please return completed form via fax to (865) 241-5219.