



Vendor Setup
Electronic Funds Transfer Authorization

This form is to be completed when requesting payment by ACH or other electronic funds transfer (EFT) methods from the University of Kentucky. Please follow the instructions below:

Section 1: Must be completed, signed and dated by the Beneficiary (Payee) wishing to receive EFT payments from UK.

Section 2: Must be completed, signed, and dated by the Financial Institution listed in Section 1, certifying that the banking information listed is correct and that the specified Beneficiary (Payee) is an authorized signatory on the account.

Submission to UK: In order to avoid delays in setting up EFT payments for the Beneficiary (Payee), the Financial Institution must send the completed form to the University of Kentucky via secured, encrypted email to TS_ACH@uky.edu. Forms submitted via any other method or not sent from a Financial Institution may be rejected.

Section 1 - (to be completed by the Beneficiary/Payee)

Beneficiary Information

UK Vendor Number:

Beneficiary/Payee Name:

Note: The Payee/Beneficiary Name must match exactly the name listed on the account with the financial institution. If the name does not match exactly, it may result in the delay of receiving your funds.

Address 1:

Address 2:

City:

State/Province:

Zip/Postal Code:

Country:

Phone Number:

Email:

Beneficiary Bank Account Information

Beneficiary Bank Name:

City:

State/Province:

Country:

ABA 9-digit Routing Number:

International Swift/BIC Code:

CLABE Number (Mexico Only):

Beneficiary Account #/IBAN:

Checking or Savings:

Other International Instructions:

EFT AUTHORIZATION

I, the undersigned, certify that I have the authority to grant this authorization under the terms of the agreement with my Financial Institution pertaining to the account listed above. I authorize the University of Kentucky to initiate banking transactions to deposit payments directly to the account indicated above and, if necessary, to electronically debit my (our) account to correct erroneous credits. I also authorize my Financial Institution to post these transactions to that account. I acknowledge that the origination of ACH or other EFT transactions to my account that I have authorized must comply with the provisions of U.S. law. This authorization is to remain in force until the University of Kentucky has received written notice of cancellation.

I authorize my Financial Institution to certify any banking information provided on this form and submit it to the University of Kentucky.

Beneficiary Signature: _____ Date _____

Printed Name of Signer: _____

Section 2 - (must be completed by the Financial Institution)

Financial Institution Certification

I, the undersigned, attest that I am an employee of the specified Financial Institution and have the authority to certify the account information listed in Section 1 above. I certify that the account and routing numbers are correct for the specified account holder and that this form is signed by an authorized signatory on the account.

Bank Officer Name:

Bank Officer Phone:

Bank Officer Title:

Bank Officer Email Address:

Bank Officer Signature: _____ Date _____

For UK Official Use Only

Approved by: _____ Date Approved: _____