



University of North Carolina Wilmington Electronic Payment Authorization Form

Please Read and Carefully Follow Instructions!

- Please type or print clearly, do not leave information blank!
- For a Start or Change of electronic payment all boxes must be complete.
- This form will start, change, or stop electronic payment for all payments received by you from UNCW.
- This does not apply to employee salary payments.
- Please be sure your last name on this form matches the last name on the W-9 on file with the Accounts Payable Office. Your electronic payment will not start if the last names do not match.
- **Please return the completed form with a letter from your financial institution or a voided check attached to: UNCW, Attention Accounts Payable Box 5903, 601 S. College Rd, Wilmington, NC 28403-5903 or fax to 910-962-7006 or email to vendortaxdoc@uncw.edu**

Your Tax Identification Number: (last 4 digits only if social security #) _____

Legal Name: _____

Address: _____ Telephone: _____

_____ Fax: _____

_____ Email: _____

Action Required: (Check only one)

1. Check **Start** if you don't have electronic payments.
2. Check **Change** if you have electronic payments and need to change your financial institution or account number or account type (checking or savings). Your current electronic payment is stopped when a change request is received. While the change is being processed, you will be paid by paper check.
3. Check **Stop** if you need to stop your electronic payment.
4. Check **Name Change Only** if you are changing only your name to correspond to your W-9. Complete the top portion of the form and sign and date it.

Start

Change

Stop

Name Change Only

Name of Financial Institution: _____

Routing Number: _____

This is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of check.

Account Number: _____

Please make sure the account number written on this form is correct. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

Account Type (Check only one):

Checking

Savings

Financial Institution Contact Number:

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Agreement:

I hereby authorize and request UNCW to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by: written notification to the University, death or legal incapacity, the financial institution or UNCW. Please make sure your electronic payment has stopped before closing your account. Otherwise, the funds will be returned to the University and cause a delay before you receive your payment in the mail. **It is your responsibility to notify UNCW of any changes.** If funds are directed to your account in error, UNCW may initiate a debit transaction against the account to recover or remove the funds. **Signature below signifies acceptance of the terms and conditions in the agreement above.**

Signature of Vendor/Payee

Date

Attach a voided check here

for account verification.