

# EASTERN MICHIGAN UNIVERSITY

## Authorization for Mastercard or Direct Deposit

I (the undersigned) hereby authorize Eastern Michigan University to make electronic deposits/credit entries into the account identified below on my behalf (and appropriate adjustment entries directly related to and not to exceed any previously deposited credit entry). It is agreed that these deposits and adjustments will be made electronically by a Depository Financial Institution. It is also understood that Eastern Michigan University will not be held responsible for any insufficient funds/returned checks. Deposits can be made to a Financial Institution with a federal routing number under the rules of the Michigan Automated Clearing House Association. Vendors must notify Accounts Payable in writing when closing the relevant bank/credit union account. **This authorization is to remain in full force until notification from me of its termination in such time as to afford them a reasonable opportunity to act on it.**

### PAYMENTS VIA MASTERCARD

Yes, I/we \_\_\_\_\_ choose to have approved payments processed upon receipt via Mastercard. *An EMU representative will contact you.*

### PAYMENTS VIA DIRECT DEPOSIT

Name of Bank/Financial Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
1) \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Name as it appears on account:  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorizing Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorizing Party (print)

\_\_\_\_\_  
Email address to receive explanation of payment (print)

\_\_\_\_\_  
EID number (if applicable)

\_\_\_\_\_  
Telephone number

### Declaration-U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions

Will the payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into the account?

**NO**

**YES – fill out the Foreign Financial Institution information below:**

Foreign Financial Institution Name: \_\_\_\_\_

Foreign Financial Institution Identification Number: \_\_\_\_\_

Foreign Financial Institution Address: \_\_\_\_\_

Accounts Payable Department  
203 Pierce Hall  
Ypsilanti, MI 48197  
Office 734-487-0022  
Fax 734-487-3868

**Please attach a blank check with VOID written across (only) or notification from your bank with your account and routing numbers.**

**“Remember to save the Direct Deposit emails for your records.”**