

**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**

Business Entity or Full  
Legal Name: \_\_\_\_\_

Remittance Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number:    -    -

Fed Tax ID:   -

OR

SSN (last four digits only):     -   -

**Banking Information for EFT Transfer**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type (Select one):                      Checking                      Savings

Bank Routing#

Please provide the following information to receive EFT advice (email address cannot have any underscores):

Email at: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name & Title Date

***You are required to submit ONE of the following with this completed EFT Form:***

- Copy of blank voided check
- Bank Statement with account holder name & account number
- Letter of Account from banking institution

**Send this completed form with required documentation to:**

1. Email to: UCOP\_Su.6vtx3ka8sukiffwr@u.box.com  
(this is a valid, secure email address that is linked to a secure box folder)

2. Mail to: **UCOP Business Resource Center**  
**Attention: CAAP Team**  
**1111 Franklin Street, 9th Floor**  
**Oakland, CA 94607**