



OFFICE OF THE BURSAR
600 LINCOLN AVE
CHARLESTON, IL 61920
(217) 581-3715 FAX (217)581-6371

NEW CHANGE CANCELLATION

VENDOR ACH AUTHORIZATION
RETURN COMPLETED FORM TO ADDRESS ABOVE

PLEASE PRINT

Vendor Information:

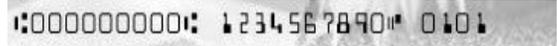
_____ NAME				_____ FEIN
_____ STREET				(_____) _____ PHONE NUMBER
_____	_____	_____	_____	
	CITY	STATE	ZIP	
_____ EMAIL ADDRESS				

Bank Information:

Checking Savings

Located at the bottom of your check

ABA ROUTING NUMBER ACCOUNT NUMBER



ABA Routing # Account #

NAME ON ACCOUNT

_____ BANK NAME			_____ BANK REPRESENTATIVE Optional
_____	_____	_____	(_____) _____ PHONE NUMBER
CITY	STATE	ZIP	

I understand:

- ◆ **If I close/change my bank account, I understand that EIU will not process a replacement refund until my financial institution returns the original EFT to EIU.**

I/we authorize Eastern Illinois University to initiate EFT refund deposits to our bank account. This form must be turned in no later than 3 business days before the disbursement. This authorization is to remain in effect until the authorizing person named below has given 30 days written notification of termination of this contract.

SIGNATURE DATE

A VOIDED CHECK MUST BE ATTACHED
RETURN COMPLETED FORM TO ADDRESS ABOVE