

THE UNIVERSITY OF ARKANSAS FOUNDATION, INC.
Direct Deposit (EFT) Authorization Form

Payee Name _____ Contact Phone # _____

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| <input type="checkbox"/> New Sign Up | <input type="checkbox"/> Change in Current Profile | <input type="checkbox"/> Stop Direct Deposit |
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The University of Arkansas Foundation, Inc. is pleased to offer direct deposit (EFT) for reimbursements to University employees. This direct deposit (EFT) option would allow us to deposit your reimbursement check directly into your account. There would be **no charge** to your account for this service.

If you would like to participate in this option, please check the box below, sign and date where indicated and return to Cathy Renner, The University of Arkansas Foundation, Inc., 535 Research Center Blvd., Suite 120, Fayetteville, AR 72701. **You must attach a voided blank check or form from your financial institution to validate the 9 digit routing number and account number.**

If you have any questions please feel free to contact Cathy Renner @479-575-4263 or email cathy@uark.edu

I hereby authorize The University of Arkansas Foundation, Inc. to deposit my reimbursements via direct deposit (EFT). I understand that changes to or suspension of this authorization must be received in writing 10 working days prior to my reimbursement request. **[Blackbaud currently does not support email notification of direct deposit EFT payments. Please provide your email address for future availability. Until email notification is made available please check with your bank or Blackbaud account for payment verification.]**

Bank Name _____

Account Number _____

Checking Savings

Signed: _____

Date: _____

Email address: _____