



Electronic Payment Authorization Agreement

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Authorization (PLEASE COMPLETE ALL INFORMATION)

Company Name ("COMPANY") _____

COMPANY receives or may receive payments from The Rockefeller University (RU). RU desires the flexibility to make payments via an Automated Clearing House ("ACH"), wire transfer or other electronic fund payment.

By checking "I Agree" below and submitting this Electronic Payment Authorization Agreement, ("Authorization Agreement"), COMPANY consents to receiving payments by ACH, wire transfer or other electronic fund payment and agrees to the terms and conditions of the Authorization Agreement.

COMPANY hereby:

- (1) authorizes RU to initiate credit entries via an ACH, wire transfer, or other electronic fund payment to COMPANY' s checking account held at the referenced institution;
- (2) authorizes RU to initiate debit entries via an ACH, wire transfer, or other electronic withdrawal from COMPANY' s checking account in the amount of the incorrect payment, overpayment, or a reversal of a payment from RU to COMPANY' s checking account;
- (3) acknowledges that the origination of ACH transactions to or from the checking account, as well as any wire transfer or other electronic fund payments must comply with the provisions of United States law; and
- (4) agrees to be bound by applicable law and rules including applicable ACH rules.

COMPANY represents that all information contained in this form is accurate and complete. The individual submitting this Authorization Agreement ("Authorized Representative") represents that he/she has full authority from COMPANY to enter into this Authorization Agreement. When properly completed and submitted, this Authorization Agreement will become effective following submission, after the RU Finance Office has had reasonable opportunity to process the request. This Authorization Agreement remains in full force and in effect until thirty (30) days following submission by RU of written notice to COMPANY, of its termination of this Authorization Agreement. Thirty (30) days' prior written notice by COMPANY to RU is required for any changes in depository financial institution or other payment instructions. This is the only means by which COMPANY may modify this Authorization Agreement.

FINANCIAL INSTITUTION INFORMATION

For Direct Deposit to Domestic (US) Banks

Name of Financial Institution	ABA Number (9 digits)
Bank Address	Account Number

For Direct Deposit to Foreign (Non-US) Banks

Bank Name	SWIFT/BIC Code	Account Number/IBAN (if required)
Bank Address		

COMPANY INFORMATION

Name of COMPANY	
Company EFT Contact Name	Title of Company Contact
E-Mail Remittance Advice to	Contact Telephone Number

I AGREE - Check this circle to indicate COMPANY'S consent to receiving payments by ACH, wire transfer or other electronic fund payment and agreement to the terms and conditions of the Authorization Agreement.

Signature of Authorized Representative of Company

Title of Authorizer

Date

PLEASE ATTACH A COPY OF A VOIDED CHECK (NOT DEPOSIT SLIP), BANK STATEMENT/LETTER

Submit the completed form to: The Rockefeller University, 1230 York Avenue, Attn: Accounts Payable - Box 259, New York, NY 10065
or via e-mail to: Accounts Payable <AP@rockefeller.edu>

For Accounts Payable Use Only

AP Vendor Number: