



**California Institute of Technology  
Procurement Services**

**Mail this form to:  
Supplier Management  
1200 E California Blvd., MC 103-6  
Pasadena, CA 91125**

**Electronic Funds Transfer (EFT) Form for Suppliers**

I, \_\_\_\_\_, Title: \_\_\_\_\_  
authorize the California Institute of Technology to deposit payments due or to become due into the following account with the below named bank. It is my responsibility to notify Procurement Services of any changes to said bank account in a timely manner.

**The bank information provided on this form will be applied to all divisions of your business unless otherwise indicated.**

<b>Action Requested</b>	<i>Check One:</i>
	<input type="checkbox"/> <b>Enroll</b> <input type="checkbox"/> <b>Cancel</b> <input type="checkbox"/> <b>Change of Information</b> <i>(For changes, enter only the items to be changed)</i>

<b>Bank Information</b>	<b>Company Name:</b>			
	<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
	<b>Name of Financial Institution:</b>		<b>Branch Name:</b>	
	<b>Account Name:</b>		<b>Account Number:</b>	
	<b>Bank's ABA Routing Number:</b>			

<b>Print Name/Title of Authorizing Person:</b>		<b>Phone Number:</b>
<b>Signature of Authorizing Person: (Required)</b>		<b>Date:</b>
<b>Email Address for Notification of EFT Payment: (Required)</b>		
<b>Print Name of Contact for EFT Payment:</b>	<b>Contact Phone Number:</b>	

<b>For Supplier Management Use Only:</b>
Supplier #:

1200 E California Blvd ♦ Mailcode 103-6 ♦ Pasadena, CA 91125  
(626)395-2674



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**Instructions/Definitions**

- 1. Name of Financial Institution: name of your bank**
- 2. Branch Name: name of the branch for the account**
- 3. Account Name: name(s) of the account owners**
- 4. Account Number: number that is specific to the bank account in which payment is to be deposited into.**
- 5. Bank's ABA Routing Number: number that identifies the financial institution responsible for the payment of a negotiable instrument.**
- 6. Email Address: Remittance Advice is emailed to a designated address that your company provides. This email address can be a group list.**
- 7. Contact for EFT Payment: Name of person to contact for direct deposit payment inquiries.**
- 8. The bank information provided on this form will be applied to all divisions of your business unless otherwise indicated. If the bank information provided applies only to a specific division, you must attach a note on your company's letterhead, indicating the name of the division it applies to and contact information.**