



## Electronic Funds Transfer (EFT) Authorization Form

**Vendor Name**

**Mailing Address**

**Mailing Address Line 2**

**City**

**State**

**Zip Code**

**EFT Remittance Advice Contact Name**

**EFT Remittance Email Address**

**EFT Remittance Advice Contact Telephone**

**Social Security or EIN**

**ACCOUNT INFORMATION**

**Bank Name**

**Vendor Name (as it appears on Bank Acct)**

**Bank Routing Number**

**Account Number**

**Account Type (Checking or Savings)**

**Swift Number**

I hereby authorize Roseman University of Health Sciences to directly deposit payment for services in the bank account listed above. I have attached a voided check or other documentation from my bank for the account specified above. This authorization is to remain in force until the University has received written authorization to terminate or change EFT from an authorized representative.

I understand payments are posted TWO BUSINESS DAYS after payment date. All Remittance Advice Forms will be emailed to the address you provide.

I will inform the University, in writing, of changes to my bank account, address, and/or email address. I understand that significant delays in payment may occur if I do not report bank account changes to the University and hold harmless the University for any bank fees I incur as a result of failure to notify the University of such changes.

A minimum of 30 days from the receipt of this application is required to process your EFT request.

**Authorized Representative (Print Name)**

**Signature**

**Date**

**Approved at University by:**

**Date**

**Please attach a voided check here and mail to:  
Roseman University of Health Sciences  
Atten: Accounts Payable  
11 Sunset Way  
Henderson, NV 89014  
OR Email to - [accountspayable@roseman.edu](mailto:accountspayable@roseman.edu)**