

**VENDOR INFORMATION**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Vendor Name	Vendor Contact Name/Title	Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State
<input type="text"/>	<input type="text"/>	Zip
<input type="text"/>		
Email Address for Remittance Advice		

**BANK ACCOUNT INFORMATION**

<input type="text"/>	<input type="text"/>
Account Type (Checking/Savings)	Name of Financial Institution
<input type="text"/>	<input type="text"/>
Routing No.	Account No.

\* Please attach supporting documents from bank, either in the form of a voided check or otherwise. Do not e-mail this form.

**TERMS AND CONDITIONS**

I authorize the California State University, Dominguez Hills Foundation to initiate credit and/or debit entries into the account and financial institution indicated above.

I understand and agree that the origination of any and all EFT transactions must comply with the applicable provisions of U.S. law.

I understand and agree that future disbursements made will be processed through electronic EFT once this form is received and processed.

I understand and agree that this authorization will remain in full force and effect until the California State University, Dominguez Hills Foundation receives written notification of its termination in such time and in such manner as to afford the California State University, Dominguez Hills Foundation and the banking institution indicated above a reasonable opportunity to act on it.

I understand and agree that this authorization and agreement shall apply to all payments made by any of the auxiliary entities administered by the California State University Dominguez Hills Foundation, including the Associated Students, Inc., Loker Student Union and the Philanthropic Foundation.

**AUTHORIZATION FOR VENDOR EFT**

	Activate	Deactivate	Update
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Title (Print)	Authorized Signature		Date

Once completed, please submit the signed and dated form to CSUDH Foundation Accounts Payable via the link: <https://www.dropbox.com/request/laN4TPj3Ggfp6PP9Aop7>.

Any questions should be directed to [FoundationAP@csudh.edu](mailto:FoundationAP@csudh.edu) or 310-243-3306.

Foundation Use Only

Date Verified

Vendor ID#