**N**

**VCU Non-Employee Electronic Payment Authorization**

**This form is to be filled out and signed by the payee. A voided check or bank letter must be attached. All sections of this form must be completed and legible.** **Incomplete or illegible forms will be returned.**

**To type your entries in Word, click on View, Edit Document.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   |   |   |
| *First* | *Last* | *M.I.* |
| Banner ID Number (if known): |   |
| Home Address: |   |
|   |
| Home Phone Number: |   |
| Work Phone Number: |   |
| Email Address: |   |
| Name of Financial Institution: |   |
| Address of Financial Institution: |   |
|   |
|   |
| Swift Code: |   |
| IBAN Number: |   |
| Account Number: |   |

By signing below, I understand that I am solely responsible for the contents and accuracy of the banking information provided above. I also understand that VCU does not control the fees or collection methodologies of intermediary or beneficiary banks. Intermediary or beneficiary banks sometimes deduct their fees directly from the wire amount.

|  |  |
| --- | --- |
|  |  |

*Signature Date*