

# BRADLEY

UNIVERSITY

## ELECTRONIC FUNDS TRANSFER APPLICATION FORM

Name (please print) \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Campus Phone # \_\_\_\_\_

**\*\*BRADLEY UNIVERSITY RESERVES THE RIGHT TO RETRIEVE ANY FUNDS DEPOSITED IN ERROR\*\***

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name of Bank/Institution (1) \_\_\_\_\_

Address \_\_\_\_\_

Name of Bank/Institution (2) \_\_\_\_\_

Address \_\_\_\_\_

Name of Bank/Institution (3) \_\_\_\_\_

Address \_\_\_\_\_

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**PLEASE ATTACH A VOIDED CHECK FOR EACH *CHECKING* DEPOSIT OR A DEPOSIT SLIP FOR EACH *SAVINGS* DEPOSIT.**

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Type of Acct.	Amount of Deposit	Bank/Instit.	Account Number
Checking (1) <i>Voided check required</i>	_____	_____	_____
Checking (2) <i>Voided check required</i>	_____	_____	_____
Checking (3) <i>Voided check required</i>	_____	_____	_____
Savings (1) <i>Savings deposit slip required</i>	_____	_____	_____
Savings (2) <i>Savings deposit slip required</i>	_____	_____	_____
Savings (3) <i>Savings deposit slip required</i>	_____	_____	_____

