



ELECTRONIC FUNDS TRANSFER APPLICATION FORM

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

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

SSN (LAST 4 DIGITS) XXX-XX-\_\_\_\_\_ Campus Phone # \_\_\_\_\_

This serves as written authorization for Bradley University to deposit all FCWS earnings into this account via ACH.
\*\*BRADLEY UNIVERSITY RESERVES THE RIGHT TO RETRIEVE ANY FUNDS DEPOSITED IN ERROR\*\*

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

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

Table with 4 columns: Type of Acct., Amount of Deposit, Bank/Instit., Account Number. Rows include Checking (1) \* Voided check required, Checking (2) \* Voided check required, Checking (3) \* \*Voided check required, Savings (1) \*\* Savings deposit slip required, Savings (2) \*\* Savings deposit slip required, Savings (3) \*\* \*\*Savings deposit slip required.

\*\*\*DO NOT SEND THIS FORM ELECTRONICALLY, WITH BANKING INFO DISCLOSED\*\*\*