

**KENT STATE UNIVERSITY FOUNDATION**  
**ELECTRONIC PAYMENT AUTHORIZATION FORM**

☐ Initial Authorization

☐ Change in Financial Institution

☐ Change in Account

**Payee Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Financial Institution Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Bank Transit & Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
\_\_\_\_\_  
☐ Checking ☐ Savings

Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name on Account: \_\_\_\_\_

- This is an agreement (hereinafter referred to as "Agreement") between Kent State University Foundation (hereinafter referred to as "KSUF") and the payee indicated above (hereinafter referred to as the "Payee"). The payee agrees to accept credit entries for payments by KSUF through electronic funds transfer and that KSUF can rely exclusively on the information supplied on this form. This applies to and amends all previous Agreements with KSUF by incorporating the following terms and conditions for electronic credits.
- KSUF will initiate credit entries to you based on the following:
- Any change in the information supplied on this form must be communicated to KSUF by the payee, or an authorized representative of the payee in writing, in time to allow KSUF to respond to this change. KSUF will be considered harmless for any loss which may arise solely by reason of error, mistake or fraud regarding this information.
- KSUF has the right to make adjustments if credits previously made are found to be duplicated, in excess of requirements, fraudulent, or in error.
- Termination of this Agreement must be made by written notification to Kent State University Foundation, PO Box 5190, Kent, OH 44242-0001.
- KSUF maintains the right to terminate, suspend or amend the Agreement in whole or in part at any time. Written notice will be sent to the address provided on this authorization form.
- Please attach a copy of a deposit form or voided check from the account.

Signature of Payee: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_