



LAKE SUPERIOR STATE UNIVERSITY

ELECTRONIC FUND TRANSFER INFORMATION FORM

Please fill out the following information to receive EFT payments.
ALL information given is strictly confidential

Employee/Payee Name: _____

Department: _____

Phone Number: _____

BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER
		<p>CHECKING or SAVINGS</p> <p>Circle One</p>

Please also include an email address.
We will send an email notification of ALL EFT payments to this address.

EMAIL: _____ @ _____ . _____

Print Name of Contact Person

Date

Signature of Contact Name

Please mail to the above address or fax to (906) 635-6669
Attn: Accounts Payable