



## Wire Transfer Authorization Form

### School Information

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

### School Wire Transfer Information

Bank Name: \_\_\_\_\_

ABA Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

### School Contact to Verify Bank Information

*(must be different from person requesting Wire set-up)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

### School Contact to Receive Disbursement Notification

*This person will be set up with view only access on our website and will receive an email when there is a disbursement roster ready to download.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Authorized Signer

By signing below, I authorize MEFA to perform scheduled or periodic electronic funds transfer credits to the account listed on this Authorization Form. Additionally, by signing this Authorization Form, I certify that the instructions contained herein are accurate and that I am an authorized signer. This authorization will remain in effect until written notification of termination has been given by my college/university and that notification has been received by MEFA. In addition, MEFA, in its discretion, may terminate the college's ability to participate in the Electronic Funds Transfer system.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email this completed form to [mefacertify@mefa.org](mailto:mefacertify@mefa.org). If you have any additional questions, please do not hesitate to contact our College Planning Team at [mefacertify@mefa.org](mailto:mefacertify@mefa.org) or (800) 449-MEFA (6332), option #4.