

School Information

Institution Name: _____

Institution Address: _____

EIN#: _____

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. If you have any additional questions, please do not hesitate to contact our College Relations Team at mefacertify@mefa.org or (800) 449-MEFA (6332).