

Wire Transfer Authorization Form

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 do	1 J
	умноаа.
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 Authorization Form. Additionally, by signing this Authorization Form, I certify that the instructions contained herein are act that I am an authorized signer. This authorization will remain in effect until written notification of termination has been give college/university and that notification has been received by MEFA. In addition, MEFA, in its discretion, may terminate the ability to participate in the Electronic Funds Transfer system.	ccurate and en by my
Name:	
Title:	
Phone Number:	
Signature:	
Date:	

Important Note on Sending Forms Securely

Email the completed form to <a href="merget: