



LOYOLA UNIVERSITY MARYLAND

— 1852 —

Accounts Payable Electronic Refund, Reimbursement, and Payment Agreement Form

Authorization Agreement

I hereby authorize Loyola University Maryland to initiate electronic refunds, reimbursements, and payments to my account at the financial institution named below. I also authorize Loyola University Maryland to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Loyola University Maryland responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Loyola University Maryland receives a written notice of cancellation from me or my financial institution, or until I submit a new electronic refund, reimbursement, and payment agreement form to the Accounts Payable Department.

Personal/Vendor Information

Full Name: _____

Address: _____

Phone: _____ Remittance Advices Email: _____

Loyola ID/TIN: _____

Account Information

Name of Financial Institution: _____ Checking

Routing Number: _____ Savings

Account Number: _____

Signature

Authorized Signature: _____ Date: _____

Updated: 05/17/18