



Authorization for Electronic Payments

To authorize Medical Faculty Associates to deposit your payments automatically into your banking accounts, please complete and sign this form. Payments will be made automatically, in accordance with the payment terms agreed upon that are contained in the purchase orders and/or invoices presented for payment. An email, confirming the deposit and detailing the invoice number(s) that were paid by this deposit will be sent to the email address provided on this form. This authorization may be revoked at any time, provided you give us ten days notice in writing.

All communications are to be sent to:

The GW Medical Faculty Associates
Procure-to-Pay
Email (preferred): isupply@mfa.gwu.edu
Fax: 571-553-8526

Company or Individual Name

Name of Financial Institution

Name of Account at Financial Institution (the exact name on the account)

Account Number or IBAN (Russian banking requires the INN# and completed EFT Form)

Routing & Transit Number ("ABA Number") (SWIFT or BIC for non-US banks)

Email Address (to which electronic confirmations will be sent - for ACH payments only)

Company Contact Name

Company Contact Phone Number

By signing this form below, I/we authorize Medical Faculty Associates and the financial institution indicated above to deposit all payments due automatically, in accordance with agreed upon payment terms. This authority will remain in effect until I/we notify Medical Faculty Associates in writing of its cancellation.

Authorized Signature and Date