UNIVERSITY OF ALBERTA

Incoming Electronic Funds Transfer (EFT) Customer Payment Information Form

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Purpose: This form is used by University of Alberta (U of A) departments and faculties to authorize and set up electronic payments directly into the U of A bank account. Providing accurate banking and payer information ensures that funds are received securely and applied correctly to your departmental revenue accounts.

Important!: Read the EFT Incoming Payment Procedure for further information.
Complete and submit the form prior to the date of expected funds transfer.

Instructions: Download the PDF document and open it using Adobe Acrobat or Reader rather than a web browser. Enter information into all sections, ensuring the form is complete; incomplete or handwritten forms will be returned for correction. The document must be digitally signed using the formal sign-off fields provided. Once finished, save the digital file directly. Do not print or scan this form, as only the original version will be accepted.

Access the Service Portal and select the Submit a finance form option from the Staff Services Catalog. Attach the completed form and any supporting documentation.

Refer to Chapter 7 of the Guide to Financial Management for further information.

For assistance with this form, contact the Staff Service Centre.

Section A: External Customer (Payor)

Customer Name: ______________________

Section B: Currency Details

Currency Type: ○ CAD ○ USD ○ EUR ○ Other: __________

Expected Date of Transfer: __________ Deposit Amount: __________

Deposit Frequency: ○ One Time ○ Recurring

Section C: U of A Contact (Receiver)

Faculty/Department: ______________________

U of A Contact Information: ______________________ Phone Number: __________

U of A Email: ______________________

Section D: Purpose of Payment (as applicable)

Select One:

◉ **For Incoming Accounts Receivable Payments:**

U of A Invoice Number or Billing Number: ______________________

PO Reference Number (if applicable): ______________________

○ **For Departmental Funding** (Billing/Invoice does not exist in the PeopleSoft Accounts Receivable module):

Approvals and Authorization

Finance Partner or Delegate: ______________________

Signature: ______________________ Date: __________
(yyyy-mm-dd)

(Note: Signature is not required for sales to fund 210 and account 402xxx or cost recovery 5xxxx.)