



Incoming EFT Payments Form

The purpose of this form is for departments to notify the Controller's Office of incoming EFT (ACH or wire) payments and to provide the required information to record the deposit. This form can be used for a one-time payment or to establish a standing approval for recurring payments from the same customer or vendor. **Recurring payments must be approved by an authorized signer for the department and will be posted as received to the same accounting distribution (Department, Fund, Account) provided on the form.** Once established, updates to accounting distributions for recurring payments will need to be made by submitting an updated Incoming EFT Payments Form; all other deviations can be made in writing to [Deposit Accounting](#), or corrected via a [Departmental Online Journal Entry \(DOL\) Form](#). ***This form is not needed when making deposits associated with existing auxiliary invoices in OMNI Financials.***

Department Receiving EFT Payment			
Department Name:		Contact Name:	
Contact Email:		Contact Phone:	

Customer/Vendor Remitting EFT Payment			
Customer/Vendor Name:		Contact Name:	
Reason for Payment:		Contact Phone/Email:	
Payment Amount Expected:		Payment Frequency:	<input type="checkbox"/> One-time payment <input type="checkbox"/> Recurring payment

Accounting Distribution for Recording EFT Payment							
Distribution Amount	Department	Fund	Account	Project	CF1	CF2	CF3

Note: Budget Manager approval is required when submitting this form to establish the accounting distribution for a recurring payment.

Budget Manager	Signature	Date