



# The Five Colleges of Ohio

## ACH Authorization for Automatic Deposits Form

Complete this form to provide authorization for The Five Colleges of Ohio to initiate electronic funds transfers (ACH) to the account provided. Please email the completed form to [accounting@ohio5.org](mailto:accounting@ohio5.org).

<b>I. Vendor Information:</b>	
Company/Individual Name:	
Street Address:	
City / State / Zip Code:	
Email Address:	
<b>II. Banking Information</b>	
Name of Bank or Financial Institution:	
Bank Address:	
ABA/Routing Number (9 digits):	
Account Number:	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>III. Authorization</b>	
<p>I (We) hereby authorize The Five Colleges of Ohio to initiate entries to the designated account at the financial institution listed herein, and if necessary, initiate adjustments for any transactions credited/debited in error.</p> <p>This authority will remain in effect until The Five Colleges of Ohio is notified in writing to cancel it in such time as to afford The Five Colleges of Ohio and the financial institution reasonable opportunity to modify it.</p>	
Printed Name:	
Title:	
Authorized Signature and Date:	