

ACH Authorization for Electronic Fund Transfers

Complete this form to authorize The Five Colleges of Ohio, Inc. to initiate electronic funds transfers (ACH) to the account provided. Please return the completed form to accounting@ohio5.org or mail it to The Five Colleges of Ohio, Inc., 173 W Lorain Street, Oberlin, OH 44074

Vendor Information:

Company/Individual Name:	
Street Address:	
City / State / Zip Code:	
Email Address:	

Banking Information

Bank or Financial Institution:	
Bank Address:	
ABA/Routing Number (9 digits):	
Account Number:	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorization

I (We) hereby authorize The Five Colleges of Ohio, Inc. 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.

This authority will remain in effect until The Five Colleges of Ohio, Inc. is notified in writing to cancel it in such time as to afford The Five Colleges of Ohio, Inc. and the financial institution reasonable opportunity to modify it.

Printed Name:

Title:

Authorized Signature and Date: