



Authorization Agreement for ACH credit/debit
Vendor Information

I hereby authorize BLINN COLLEGE, to initiate credit/debit entries and to initiate, if necessary, debit/credit adjustments for any credit/debit entries in error to the ___checking ___saving account (select one) indicated below and the Bank named below, hereinafter called BANK, to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to the account indicated below must comply with the provisions of U.S. law.

Business/Individual Name: _____

Contact Person: _____

Email Contact: _____

Phone Number: _____

Print Name: _____

Signature: _____ Date: _____

This authority is to remain in full force and effect until BLINN COLLEGE has received written notice of its termination in such time and in such manner as to afford BLINN COLLEGE and BANK a reasonable opportunity to act on it.

Depository (Bank) Name: _____
City: _____ State: _____ Zip: _____
Transit/Routing No. _____
Account Number _____
Account Type (check one) ___Checking ___Savings

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THIS AUTHORIZATION.

An email is sent to the contact person as notification when an invoice is processed for payment.

Please print this completed form on your company letterhead and send to Blinn College: Chelsea.Steele@blinn.edu or call 979-830-4204.

OFFICE USE ONLY:

Date: _____ Approver: _____

Verbal approval: _____ Name: _____

Email approval: _____ Name: _____