

ACH AUTHORIZATION FORM

I (we), hereby authorize Arizona State University Foundation (ASUF) to initiate direct deposit/credit entries to the following checking account. Routing and account numbers should be taken directly from a check, or your banking institution's website. Please DO NOT use a deposit slip.

Depository Bank:

Bank Name: _____

Name on Account: _____

Routing Number: _____ Account Number: _____
(9 Digits)



Contact Information:

Company (Individual) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____
(used for notification of transaction/payment)

IRS Tax ID Number: _____

Authorized Signer On Account (Print): _____

Title: _____ Contact Phone Number: _____

Signature: _____ Date: _____

Please FAX form to 480-727-7368 or email to foundation.financial.services@asu.edu