

ACH AUTHORIZATION FORM

I (we), hereby authorize Arizona State University Foundation (ASUF) to initiate direct deposit/credit entries to the following checking account.

Depository Bank:

Bank Name: _____

Name on 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.

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 attach completed form to the **Create Supplier Request** in Workday before submitting.
If you are updating an existing Supplier, please email completed form to EPFinance@asuep.org