



Authorization Agreement for ACH credit/debit
Vendor Information

I hereby authorize the BLINN COLLEGE DISTRICT, to initiate credit/debit entries and to initiate, if necessary, debit/credit adjustments for any credit/debit entries in error to the \_\_\_checking \_\_\_savings 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 the BLINN COLLEGE DISTRICT has received written notice of its termination in such time and in such manner as to afford the BLINN COLLEGE DISTRICT 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 the Blinn College District Accounting Department: Fax 979-830-4068 or email accounts.payable@blinn.edu

OFFICE USE ONLY:

Date: \_\_\_\_\_ Approver: \_\_\_\_\_

Verbal approval: \_\_\_\_\_ Name: \_\_\_\_\_

Email approval: \_\_\_\_\_ Name: \_\_\_\_\_