



AUTOMATED CLEARING HOUSE DEPOSIT AUTHORIZATION FORM

I hereby authorize Temple University to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries **made in error** to my bank account. I further authorize the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Company Information

Name: _____

Address: _____

Vendor Contact: _____

Telephone Number: _____

E-Mail Address for notification of deposit

FINANCIAL INSTITUTION INFORMATION

Bank

Institution Name: _____

Address: _____

Telephone Number: _____

Please indicate type of account: Checking Savings

Account Number: _____

Transit Routing Number: _____

Name on the Account: _____

Signature: _____ Date: _____

Title: _____