



Think. Learn. **Grow.**

ACH PAYMENT AUTHORIZATION FORM

VENDOR NUMBER _____

VENDOR NAME _____

VENDOR ADDRESS _____

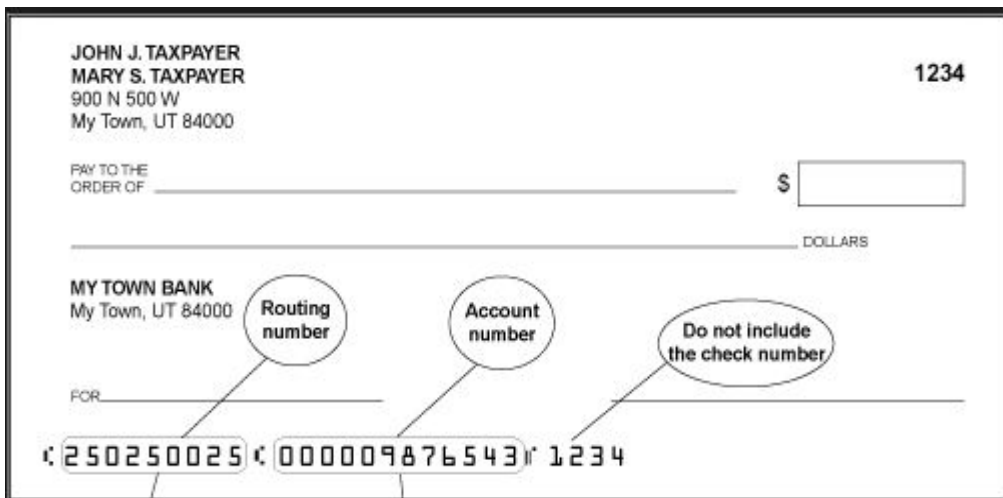
E-MAIL ADDRESS _____
(for payment notification)

ROUTING NUMBER _____

ACCOUNT NUMBER _____

CHECKING _____ SAVINGS _____ (select one)

PLEASE SIGN FOR AUTHORIZATION: _____



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