

VASSAR COLLEGE ACH AUTHORIZATION FORM

Accounts Payable Office

Name		Vassar College ID or TIN	
Street Address		Work Phone ()	
City	State	Zipcode	Home Phone ()

I authorize the Accounts Payable Office to deposit my payments to the following bank account:

Bank Name: _____

Bank Address: _____

CHECK ONE:

Checking Account Savings Account

Bank Routing Transit (ABA) #

Bank Account Number

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This authorization will remain in effect until Vassar College receives written notification from me or my financial institution of its termination and has had reasonable opportunity to act on it.

Signature	Date
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Please return the completed form to the Accounts Payable Office (Box 721) and include a voided check or bank notice showing account number and bank routing transit (ABA) number.