

## ACH AUTHORIZATION

PAYEE INFORMATION:		
PAYEE NAME		
ADDRESS		
CITY	STATE	ZIP
CONTACT PERSON		TELEPHONE
EMAIL FOR REMITTANCE:		FEDERAL ID

PAYMENT DETAILS:		
NAME ON ACCOUNT		
BANK NAME		
ACCOUNT #	ROUTING #	ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings

TERMS:
<p>Authorization is hereby granted to Moraine Park Technical College to credit said account at the financial institution named above for the purpose of transferring Moraine Park Technical College payments. Moraine Park Technical College is also granted authorization to correct inadvertent or duplicate payment information. To receive payments electronically you must complete this form and return it to <a href="mailto:kresch6@morainepark.edu">kresch6@morainepark.edu</a>. This authorization is to remain in effect until notification is given in writing (at least 10 days notice) on a Moraine Park Technical College ACH authorization form advising of a change.</p>

AUTHORIZATION:		
AUTHORIZED SIGNATURE		DATE
PRINTED NAME	TITLE	PHONE NUMBER

FOR INTERNAL USE:	
ACCOUNT INFORMATION AND AUTHORIZATION CONFIRMED BY PHONE <input type="checkbox"/>	SIGNATURE: