

SOUTHERN FOUNDATION

AUTHORIZATION FOR ACH/EFT

DATE _____

By executing this document, I authorize the Southern University System Foundation to deposit all payments into the account listed below. Attached to this form are a completed authorization for disbursement form and supporting documentation; e.g., original invoices, original receipts, contracts, etc.

PAYEE INFORMATION

(Please Print)

Organization or Individual Name

U Number

SS Number

Address Line 1

Address Line 2

City

State

Zip

Area Code and Telephone Number

E-Mail Address

BANK INFORMATION

(Please Print)

Bank Name

Branch Address

City

State

Zip

Bank Routing Number (ABA#)

Checking Account Number

Authorized Signature

Date