



**HOWARD
UNIVERSITY**

2244 10th Street N.W.
Washington, D.C. 20059

ACH Authorization Form

▶ **This form MUST be accompanied by a Printed Voided Check or Bank Direct Deposit form** ◀

** REQUIRED FIELD

Add

Delete

Change

**Vendor Name: Full Name as it Appears on ID _____

**Name: _____

**Address: _____

**City: _____ **State: _____ **Zip: _____

**Phone: _____

**Email: _____

Banking Information

**Bank Name: _____

**Account Name/Type: _____

Bank Address: _____

**City: _____ State: _____ Zip: _____

**Routing # (9 digits) _____

**Account # _____

Authorized Signature Required:

Print Name and Title

Account Owner Signature

Date

ATTACH PRE-PRINTED VOIDED CHECK OR BANK DIRECT DEPOSIT FORM