



ACH PAYMENT (DIRECT DEPOSIT) AUTHORIZATION FORM

Organization Information

Organization/Payee Name _____
 EIN Number/Tax ID _____
 Address _____
 Address 2 _____
 City/State/Zip _____
 Contact Person _____ Telephone # _____
 Title _____
 Contact Email Address _____

Banking Information

Type of Account Checking Account Savings Account

Bank Name _____
 Address _____
 Address 2 _____
 City/State/Zip _____
 Bank Account Title/Name _____
 Bank Routing # _____
 Bank Account # _____

Authorization

Authorizing Official's Name _____
 Title _____
 Signature(s) _____ Date _____
 Email Address _____ Telephone # _____

I (We) hereby authorize The Research Foundation of CUNY to send credit entries, as well as appropriate adjustments and debit entries to my account.

This authorization is to remain in full force and effect until RFCUNY has received written notification from your company of its termination in such time and in such manner so as to afford RFCUNY and the Depository Bank a reasonable opportunity to act on it.
Instructions

Please complete and mail this form to The Research Foundation of CUNY, 230 West 41st Street, 7th Floor, New York, NY 10036 Attn - ACH Payments. You may also fax your completed form to 212- 417-8369 or email the form to ACH_Payments@rfcuny.org. Please include a copy of a voided check for the above specified account. If you have any questions, please contact ACH Payments at 212- 417-8599 or by e-mail at ACH_Payments@rfcuny.org.