

**ACSI - Children's Tuition Fund**

731 Chapel Hills Drive, Colorado Springs, CO 80920

Phone 719-528-6906 Fax 719-867-0155

[ap@acsi.org](mailto:ap@acsi.org)

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)**

Please select one of the following:

\_\_\_ First time request for ACH payments

\_\_\_ Request to change ACH payment Information

The following bank information applies to:

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Account Information: I hereby authorize ACSI to initiate deposits to the Checking Account described below: **(No Savings Account)**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Routing/ABA# & Bank Acct #: \_\_\_\_\_

Deposit Notification Information: I hereby authorize the following individual to receive notification via email of payment details of all funds deposited to the above account:

Name (Printed or Typed): \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Term: This authority will remain in full force and effect until ACSI has received written notification of discontinuation and in such manner as to afford ACSI a reasonable opportunity to act on it.

Officer Name (Printed or Typed): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_