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| **ACH Authorization Form** |
| **This Form MUST be accompanied by a scanned copy of a voided check or bank direct deposit form** |
| **Chapter Name:**  **Address:**  **City: State: Zip: Federal Tax ID No.:**  **Phone No.:**  **E‐mail:**  **Banking Information**  **Bank Name:**  **Bank Address:**  **City: State: Zip: Account Name:**  **Account type (check one): Checking**  **Money Market**  **Routing No. (9 digits): Account No.:**  **Please submit this form to ASDA's Dropbox at:** <https://www.dropbox.com/request/1DCqqSIAVR4HTiT1tn7f>  **Authorized Signature Required:**  **Print Name and Title**    **Signature Date** |

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