



Automated Clearing House (ACH) Transactions Authorization Agreement

This authorizes the Association of Governing Boards of Universities and Colleges (AGB) to electronically credit my (our) specified account below (and, if necessary, electronically debit my (our) account to correct erroneous credits).

☐ New ☐ Revise ☐ Terminate

Bank Account Information

Account Type (check one): ☐ Checking ☐ Savings

Account Name / Company Name

Bank Name

Bank Routing # (ABA#)

Bank Account #

Please attach a voided check here.

This authorization will be in effect until AGB receives a written termination notice and has a reasonable opportunity to act on it.

Signature

Printed Name and Title

Email Address (for ACH notification)

Date

IMPORTANT: This document must be signed by the owner/authorized individual of the Company.

Please send the completed form to ap@agb.org or mail it to 1666 K Street NW, Suite 1200, Washington, DC 20006.