



Cochise College
 Procurement Services Department
 901 North Colombo Avenue
 Sierra Vista, AZ 85635 - 2317

Cochise College ACH Agreement Authorization for Electronic Vendor Payments

INFORMATION MUST BE TYPED OR PRINTED TO ENSURE ACCURACY.

New ACH Change ACH Cancel ACH

Payee/Vendor Information:		
Name: _____ SSN or Fed. Tax#: _____		
Address: _____		
Telephone#: _____ Email address: _____		
Contact Person: _____ Title: _____		
ACH receipt shall be sent to (select one): <input type="checkbox"/> Mailing address <input type="checkbox"/> Email address		

Financial Institution Information:		
Name: _____		
Address: _____		
ACH Coordinator Name: _____ Telephone#: _____		
Transit/Routing#: _____ Account#: _____		
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Deposit		

For validation of account information please attach a voided check or savings deposit slip.

I authorize Cochise College to process payments owed to me via Automated Clearing House (ACH) deposits. Cochise College shall deposit ACH payments in the financial institution account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or my electronic payment may be erroneously made.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement.

This authorization will remain in full effect until revoked by my written request or until I have been notified of Cochise College's or the financial institution's termination of agreement.

Authorized signature: _____

Title: _____ Date: _____

Return your completed form to:
Cochise College, Procurement Services Department
901 North Colombo Avenue, Sierra Vista, AZ 85635 – 2317
Email: purchasing@cochise.edu