



## Automated Clearing House (ACH) Form

This Automated Clearing House (ACH) form must be completed in full. Failure to provide all requested information may delay or prevent the receipt of payments. The payee/company should consult with its financial institution when completing the "FINANCIAL INSTITUTION INFORMATION" section. To expedite the handling of this form, please upload the completed form and bank account support document to our secure portal for processing. [Link to Form](#)

**NOTE:** Griffiss Institute *IS NOT RESPONSIBLE FOR MISDIRECTION OF FUNDS CAUSED BY INACCURATE, INCOMPLETE OR ERRONEOUS ENTRIES PROVIDED BY PAYEE/COMPANY OR ITS FINANCIAL INSTITUTION.*

PAYEE/COMPANY INFORMATION	
NAME ON BANK ACCOUNT:	TAXPAYER EIN OR SSN:
ADDRESS:	
CONTACT PERSON NAME:	TELEPHONE NUMBER:
CONTACT EMAIL ADDRESS:	
ACH REMITTANCE ADVICE EMAIL (REQUIRED):	

<p><b>NOTE: PLEASE INCLUDE ONE OF THE FOLLOWING:</b></p> <p style="text-align: center;"> <input type="checkbox"/> VOIDED CHECK                      <input type="checkbox"/> LETTER FROM BANK ON BANK LETTERHEAD         </p>
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FINANCIAL INSTITUTION INFORMATION (PLEASE OBTAIN ROUTING NUMBER FROM FINANCIAL INSTITUTION)	
BANK NAME:	
ADDRESS:	
Bank POC:	TELEPHONE NUMBER:
NINE-DIGIT ROUTING TRANSIT NUMBER (DFI ID):	
DEPOSITOR ACCOUNT NAME: (If personal account this would be your name)	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT: ( CHECK ONE ) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
YOUR SIGNATURE AND/OR TITLE OF AUTHORIZED OFFICIAL (IF COMPANY (REQUIRED):	
DATE:	