

SUBMISSION DATE: _____

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. <https://www.griffissinstitute.org/invoicesubmission>

PAYEE/COMPANY INFORMATION	
NAME EXACTLY AS APPEARS ON BANK ACCOUNT:	
ADDRESS:	
CONTACT PERSON NAME: (if different from above)	TELEPHONE NUMBER:
CONTACT EMAIL ADDRESS: (REQUIRED):	

NOTE: PLEASE INCLUDE ONE OF THE FOLLOWING:

_____ VOIDED CHECK _____ LETTER FROM BANK ON BANK LETTERHEAD

FINANCIAL INSTITUTION INFORMATION (PLEASE OBTAIN ROUTING NUMBER FROM FINANCIAL INSTITUTION)	
BANK NAME:	
ADDRESS:	
	TELEPHONE NUMBER:
NINE-DIGIT ROUTING TRANSIT NUMBER (DFI ID):	
DEPOSITOR ACCOUNT NAME:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT: (CHECK ONE) _____ CHECKING _____ SAVINGS	
SIGNATURE (REQUIRED):	TELEPHONE NUMBER:

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.