



Atlanta University Center Robert W. Woodruff Library

Clark Atlanta University • Morehouse College • Spelman College

AUTOMATIC DEPOSIT (ACH) REQUEST FORM

VENDOR NAME:		VENDOR NUMBER:	
		FEDERAL TAX ID # / SS #	
VENDOR PHONE NUMBER:		VENDOR EMAIL:	
REMIT TO VENDOR NAME, (IF DIFFERENT FROM VENDOR LISTED ABOVE):			
STREET ADDRESS LINE 1:		CONTACT:	
LINE 2		CONTACT PHONE #	
LINE 3		CONTACT FAX #	
CITY		STATE	ZIP

BANK ACCOUNT NAME:			
BANK ACCOUNT NUMBER:		TYPE OF ACCOUNT (SELECT ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BANKING INSTITUTION'S NAME:			
CITY:	STATE/PROVINCE:	COUNTRY:	POSTAL CODE:
BANKING INSTITUTION PHONE #:			
BANKING INSTITUTION FUNDS TRANSFER NUMBER/CODE Routing (ABA) Number (US Bank)			

I authorize RWWL to deposit funds automatically into the account listed above. If funds to which I am not entitled are deposited to this account, I authorize RWWL to direct the banking institution to return said funds. This authority will remain in effect until I have cancelled it in writing.

Print Name of Approver	Signature of Approver
Approving Officer Title	Date

Please select one of the following methods for submission of this form.

1. Send electronically to Dawn Miles at dmiles@auctr.edu
2. Fax completed request to Dawn Miles at 404-577-5179.