Arctic Slope Community Foundation (ASCF) 3900 C Street, Suite 302, Anchorage, Alaska 99503

DIRECT DEPOSIT AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION

Are yo	ou a first time Payee?	Yes No
If so, o	complete a W-9 and return it to Arctic Slope Com	mmunity Foundation before payment will be made.
Please	Check One:	NEW CHANGE CANCEL
	Name of Payee or Vendor:	
	Email address:	Company Name <u>OR</u> Last, First, MI
		email address
	Payee Address:	
	City, State, Zip:	
	Payee Phone Number:	
Social	Security Number: <u>OR</u> Federal Tax I.D. Number:	:
Accou	unt Information: (complete only for	r new requests for changes)
Туре	of Account:	Checking Savings
Your F	inancial Institution's Routing Number:	
Your E	Bank Account Number:	
		Important: attach a voided check or letter from your financial institution to verify Bank Account and Bank Routing Number.
Financ	cial Institution Name:	
Addre	ss:	
City, S	tate, Zip:	
Financ	cial Institution Phone Number:	
Autho	prization: (check appropriate line)	
	I hereby authorize ASCF to provide direct paym	ment of any invoice due to me in to the above designated bank account.
		osited exceeds the of payment actually due and payable to me, I hereby authorize ASCF at to the overpayment from future payments or recover such overpayment from the above
		ptance of a direct payment by the designated financial institution, I understand that ASCF pplemental payment until the amount of the non-accepted deposit is returned to ASCF by
		option while ASCF offices are working under the conditions of Telework and will transition no longer working under the conditions of Telework.
	I hereby cancel my ACH Direct Deposit Paymer	ent authorization.
Signat	ure	Print Name Date