



Portland State UNIVERSITY

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH)

PAYEE/AGENCY INFORMATION (Required)

NAME: _____ TIN/SSN: _____

ADDRESS: _____

We hereby authorize the Sending Company indicated below to initiate CREDIT ENTRIES ONLY to our account at the finance institution indicated below. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

CONTACT NAME: _____ Tel. No. _____

E-Mail Address: _____ Fax No. _____

You will be notified via e-mail when a deposit is made to your checking or savings account.

SENDING COMPANY INFORMATION

NAME: Portland State University
P.O. Box 951
Portland, OR 97207-0951

CONTACT: Specialized Accounting Services
TELEPHONE NO.: 503-725-8950
FAX NO.: 503-725-3400

E-MAIL ADDRESS: sasap@pdx.edu

FINANCIAL INSTITUTION INFORMATION (VOIDED CHECK MUST BE ATTACHED)

NAME: _____

BRANCH: _____

ADDRESS: _____

NINE-DIGIT ROUTING TRANSIT NUMBER: _____

DEPOSITOR ACCOUNT TITLE: _____

DEPOSITOR ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: CHECKING SAVINGS (bank provides numbers)

This information is to remain in full force and effect until the Sending Company indicated above has received written notification from us of termination in such time and such manner as to afford the Sending Company and Financial Institution a reasonable opportunity to act on it.

SIGNATURE: _____

TITLE OF PAYEE REPRESENTATIVE: _____

TELEPHONE NO.: _____ DATE: _____