

**CARLETON COLLEGE
VENDOR ACH AUTHORIZATION FORM
(Direct Deposit Authorization)**

I authorize Carleton College to electronically deposit invoice payments to the undersigned bank account via the Automated Clearing House (ACH) in accordance with the applicable rules of the National Automated Clearing House Association (NACHA).

This authorization will remain in effect until it has been canceled in writing.

In the event that funds are erroneously deposited to the undersigned's bank account, Carleton College is authorized to debit the account in the amount of the erroneous deposit with prior written or verbal notice to the undersigned.

Type of Authorization (circle one):			
Add	Change	Delete	

Social Security or Employer Identification Number			
Business Name (Please Print)			
Street Address	City	State	Zip
ACH Coordinator or Contact Person (Please Print)		Phone Number	
Authorized Signature	Title	Phone Number	

Financial Institution Name (Please Print)			
Financial Institution Address	City	State	Zip
Bank Routing Number (ABA#)		Bank Account Number	
Account Type (check one)	_____ Checking	OR	_____ Savings
* Please attach voided check or bank letterhead with account and routing number			
* Please provide one E-mail address for remittance advice:			

RETURN COMPLETED FORM AND VOIDED CHECK TO: Carleton College, Accounts Payable, One North College Street, Northfield, MN 55057. Please allow 7-10 business days for processing. Call (507)222-7664 for assistance.

Reserved for Office Use Only

Vendor ID:
