

ATTACHMENT C

Vendor ACH Authorization Form (Direct Deposit)

As required by IC 4-13-2-14.8, all payments shall be made in arrears in conformance with State fiscal policies and procedures, and by electronic funds transfer to the financial institution designated by the Vendor.

Please complete all areas and sign prior to returning. A voided check may be attached to this form.

(Name)

(Title)

(Address)

Funds Information

(Name of Financial Institution)

(Address of Financial Institution)

Account type:

Financial Institution Routing Number: (9 Digits) _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

I hereby authorize the Indiana Housing and Community Development Authority (“IHCDA”) to remit payments to and initiate entries to: _____’s checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCDA contained herein.

(Authorized Signature)

(Date)