HEART OF TEXAS FOUNDATION COLLEGE OF MINISTRY

ACH Payment Authorization Form

The information on this form is confidential and is required to process payment data from **HEART OF TEXAS FOUNDATION COLLEGE OF MINISTRY** to your financial institution.

Please complete the information below:

I _____ authorize **HEART OF TEXAS FOUNDATION COLLEGE OF MINISTRY** to make ACH payments to the bank account listed below for:

(Authorized personnel)

Supplier company/Individual name: _____

Physical Address: _____

_____

Remittance Advice email address: _____

Account Type: ☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

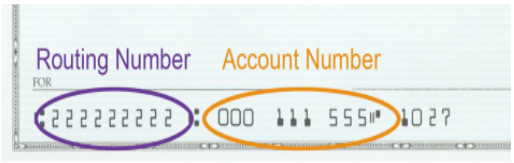
Bank Physical Address

_____

Bank City/State _____

ACH Routing # _____

Bank Account # _____



SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **HEART OF TEXAS FOUNDATION COLLEGE OF MINISTRY** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next payment date.