



ACH
Electronic Funds Transfer Authorization

The undersigned hereby authorized The College of the Holy Cross to originate payment entries via ACH to the account indicated below.

Vendor Name: _____

Vendor Address: _____

Company Contact Name: _____

Phone Number: _____

Email Address (remittance notifications will be sent to this address): _____

Bank Name: _____

Bank Transit ABA Number (9 digits): _____

Bank Account Number: _____

Checking Account

Savings Account

Credit to (Name as it appears on the bank account): _____

Authorized Signature: _____

Printed Name: _____

Date: _____

Please return this form to accountspayable@holycross.edu.