



LSU Health Foundation, New Orleans

ACH / Direct Deposit Vendor Authorization Agreement Form

Authorization Agreement


I hereby authorize LSU Health Foundation, New Orleans to initiate automatic deposits to my account at the financial institution named below for Automated Clearing House (ACH) payments and direct deposit reimbursements. I also authorize LSU Health Foundation, New Orleans to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold LSU Health Foundation, New Orleans responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until LSU Health Foundation, New Orleans receives a written notice of cancellation from me or my financial institution, or until I submit a new form to the Foundation Finance Department by contacting Adrienne Kiefer at akiefer@lsuhealthfoundation.org.

Account Information

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Bank Routing #	_____	
Bank Account #	_____	
Bank City/State	_____	



The diagram shows a routing number '222222222' circled in purple and an account number '000 111 555' circled in orange. The routing number is labeled 'Routing Number' and the account number is labeled 'Account Number'.

Signature

Authorized Signature: _____ Date: _____