



Fiscal Use Only  
Vendor ID \_\_\_\_\_

UNIVERSITY of HAWAI'I®  
FOUNDATION

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS VIA ACH (ACH CREDITS)**

I (we) hereby authorize: UNIVERSITY OF HAWAII FOUNDATION ("COMPANY") to electronically credit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous credits) from my (our) Checking Account or Savings Account indicated below at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions authorized herein shall comply with all applicable U.S. Law.

Check all that apply:       New                       Change Information                       Cancel

**VENDOR & DEPOSITORY INFORMATION**

Vendor Name:

Contact Name:

Email Address:

Depository Name:

Transit/Routing Number:

Account Type:                      Checking:                       Savings:

Account Name  
(if different from Vendor Name):

Account Number:

This authorization shall remain in full force and effect until I (we) notify COMPANY by resubmission of this form as a cancellation, signed by an authorized signer on the account, that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least **10 days prior notice** in order to cancel this authorization.

Signature (1):

Date:

Signature (2):

Date: