



ACH Authorization Form

Please complete the information requested below and return this completed form to accountspayable@iwp.edu

I (we) _____ hereby authorize *The Institute of World Politics* to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IWP is notified by me (us) in writing to cancel it in such time as to afford IWP and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Amount: _____

Financial Institution Routing Number or ABA Number for ACH Transfer

Checking Account Number: _____

Savings Account Number: _____

Personal Account: _____

Business Account: _____