



650 College Blvd. Ontario
Ontario Oregon 97914
Business Office

ACH INFORMATION

I (we) hereby authorize Treasure Valley Community College (TVCC) to initiate payments electronically via ACH. Signature must be that of an authorized representative. The owner agrees to give at least thirty days' advance written notice of any change in the payment instructions. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of applicable federal and state laws, rules, and regulations.

LEGAL INFORMATION

Legal Business/Individual Name: _____

Tax Identification #: _____

Contact Email: _____
(automated payment notifications only)

BANKING INFORMATION

Depository name: _____ Branch: _____

Depository Routing & Transit #: _____

Depository Account #: _____

Address _____
City State Zip

Account Type: ☐ Checking ☐ Savings

This authorization is to remain in full force and effect until TVCC has received written notification from me (or either of us) of its termination in such a time and manner as to afford TVCC a reasonable time to act upon it.

SIGNATURE & TITLE

DATE

Please attach a blank voided check or financial institution account verification letter to this form. Please note, if verification is not provided you will receive a call from the Assistant Controller to verify the provide information.