**ACH DIRECT DEPOSIT AUTHORIZATION FORM**

**(Only one bank account allowed per officer.)**

The officer listed below, authorizes the Financial Commission for Appalachia HIDTA to initiate electronic credit entries for the purpose of reimbursement for Appalachia HIDTA expenditures**;** and if necessary, debit entries and adjustments for any credit entries in error using the bank information provided below:

**Officer Information:**

Officer Name:

(As listed on your bank account)

Officer Phone Number:

Officer Address :

City State Zip Code

**Banking Information:**

Name of Bank:

Bank Address: Street

City State Zip Code

Bank ACH routing number:

(9 Digits Required)

Bank Account number:

The officer and the Financial Commission for Appalachia both agree to abide by all ACH rules.

The date and/or frequency of ACH deposits will be determined by the frequency of reimbursement requests received by the Financial Commission for Appalachia HIDTA. Payments are normally made on a bi-monthly basis.

The officer understands that this authorization will remain in full force and effect until the officer notifies the Financial Commission for Appalachia HIDTA in writing to: 400 South Main Street, 3rd Floor, London, KY 40741 that the officer wished to revoke this authorization. The officer understands that the Financial Commission for Appalachia HIDTA requires at least two weeks prior notice in order to cancel this authorization. (Please verify with your bank that the account number and routing number provided above are correct.)

If your bank requires authorization to receive electronic payments, please provide your bank with the following information about our organization:

* Organizations Name: Financial Commission for Appalachia HIDTA
* EFT Tagline: Financial Commis
* Company ID Number: 1010766364

If additional information is required, please contact our Finance Department at [Finance@ahidta.org](mailto:Finance@ahidta.org).

**Authorized Personnel**:

(Please Print)

Signature Date