

ALASKA HUMANITIES FORUM

421 W. 1st Ave, Suite 200 | Anchorage, AK 99501 | (907) 770-8400

DIRECT DEPOSIT AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION

Organization Name:

Payee Address:

City, State, Zip:

Payee Phone Number:

Federal Tax Identification (EIN) Number:

Account Information:

Type of Account:

Checking Savings

Your Financial Institution's Routing Number:

Your Bank Account Number:

Financial Institution Name:

Address:

City, State, Zip:

Authorization:

I hereby authorize AKHF to provide direct payment to the above designated bank account.

This authorizes AKHF to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

If any action taken by me results in non-acceptance of a direct payment by the designated financial institution, I understand that AKHF assumes no responsibility for processing a supplemental payment until the amount of the non-accepted deposit is returned to AKHF by the financial institution.

Signature

Print Name

Date