



**Columbus  
Urban League**

***Empowering Communities.  
Changing Lives.***

**Authorization Agreement For  
Automated Clearing House Transactions  
(ACH Credits)**

ACH Authorization			
Individual / Company Name:			

I (we) hereby authorize the Columbus Urban League, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

☐ Checking ☐ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

- **ATTACH PHOTO OF VOIDED CHECK/DEPOSIT SLIP/SCREENSHOT**

This authority is to remain in full force and effect until Columbus Urban League has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Columbus Urban League and DEPOSITORY a reasonable opportunity to act on it.

Name(s):  
*Please print*

SSN:

**Signature(s)**

**Date**

I wish for this and future transactions to take place  
starting on:

APPROVAL

☒ ADD – Credit the account shown.

**ATTACH PHOTO OF VOIDED CHECK/DEPOSIT SLIP/SCREENSHOT HERE**  
**[Voided check recommended, screenshot of account and routing numbers or deposit slip also accepted]**

**Return the completed form to: [Accountspayable@cul.org](mailto:Accountspayable@cul.org) Contact: A/P Dept 614-372-2133**