



AUTHORIZATION FOR DIRECT DEPOSIT (ACH CREDITS)

This form is for Accounts Payable only.

I (we) authorize NWEA to initiate credit entries to my (our) checking/savings accounts at the financial institution listed below: *Must be an account at a financial institution in the USA.*

At the financial institution named below, I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Name of Financial Institution: _____

Name on Bank Account _____

Checking/Savings Account Number: _____

Routing Number: _____

This authority will remain in effect until NWEA is notified by me (us) in writing to cancel it by mail to 121 NW Everett Street, Portland, OR 97209. I (we) understand that NWEA requires at least two (2) weeks prior notice in order to cancel this authorization.

Name (Please print): _____

Signature: _____ Date: _____

Email address: _____ Phone Number: _____

If the ACH payment is returned due to incorrect data, NWEA will issue a check.