



## Scholarship Recipient ACH Payment Form Authorization Agreement for Preauthorization Payments

I, hereby authorize the College Bound, Inc. to initiate the processing of scholarship payments through automatic bank deposits, and to initiate, if necessary, adjustments for any entries made in error to the account indicated below and the depository financial institution named below.

**For Direct Deposit, please complete all the account information below, attach a voided check (required) and return to:**

**College Bound, Inc.  
Attention: Ashley Ellis  
128 M Street NW, Suite 220  
Washington, DC 20001  
ashley@collegebound.org**

Account Holder Name: \_\_\_\_\_  
*(This number will receive remittance notifications)*  
Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

Account Type:  
 Checking  
 Saving

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

**(Required)**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To Enroll, You Must Attach A Voided Check and Return With This Paperwork. Do not send deposit slips. The account holder must be the scholarship recipient. (If no checks are available you may submit a letter from your bank verifying your account and routing numbers.)**

For College Bound Finance Department Only:	
Date Received:	Initial: _____
Data Entered in xxxxx:	Initial: _____
Data Entered in xxxxx:	Initial: _____
Vendor ID number:	_____

