



BUSINESS OFFICE  
2 East South Street, Box K-147 309-341-7313 Phone  
Galesburg, Illinois 61401-4999 309-341-7076 Fax

### ACH Authorization Form for Accounts Payable Payments

Please complete and return this form to the Knox College Business Office, Old Main 106.

Name: \_\_\_\_\_

Account Type:  Checking  Savings

Account Number: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Location (Branch): \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

*\*Providing your institution's telephone number will help to speed up the processing of your request.*

**Special Instructions** (*i.e. flat amount, percentage allocations*)

I authorize Knox College and the financial institution named above to automatically ACH the accounts payable reimbursement to my account (this includes my authorization for you to reverse any entries made in error). This authority will remain in effect until I give written notice to the Knox College Business Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by Knox Payroll/Business Office**

Accounts Payable (A/P) ID Number \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_