



WEST VIRGINIA HUMANITIES COUNCIL

Vendor ACH Credit (Payment) Authorization Agreement

New Authorization

Change Authorization

Cancel Authorization

I (we) hereby authorize the West Virginia Humanities Council, Inc. (WVHC) to initiate payment directly into my (our) account at the Financial Institution listed below. If WVHC erroneously deposits funds into said account, I (we) authorize WVHC and the Financial Institution to initiate the necessary transaction(s) to correct the error. This Authorization will remain in effect until WVHC receives written notification of its termination and WVHC has reasonable opportunity to act on it.

Name of Vendor/Payee	Address	
City	State	Zip
Vendor/Payee Contact Name	Contact Phone	Contact Email
Authorized Signature	Signature Date	
Financial Institution Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Financial Institution Routing Number

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Account Number

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Please attach a voided check, drawn on the account listed above, and submit along with other contract materials.