

**AUTHORIZATION FORM FOR E-CHECK PAYMENTS FROM  
HOWARD COMMUNITY COLLEGE**

Please provide the following information. The authorized signature must be that of the owner or another official of your company. For questions, please contact Linda Collins in the Accounts Payable Department at 443-518-4938.

By completing this form, I/We authorize Howard Community College to initiate credit entries and if necessary, debit entries and adjustments for credit entries made in error, to the bank account referenced below. This authorization shall remain in effect until written notification from an authorized official of our company is received by Howard Community College requesting termination of this service and allowing sufficient time for Howard Community College to process such request.

**Company Information**

\_\_\_\_\_  
HCC Company ID Number *(If known)*

\_\_\_\_\_  
Company Name *(Please Print)*

\_\_\_\_\_  
Tax I.D. Number

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Contact Person's Telephone Number

\_\_\_\_\_  
Contact Person's Name

\_\_\_\_\_  
Contact Person's Email Address  
*(Email that remittance info will go to)*

**Bank Account Information**

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Checking or Savings *(check one)*

**Authorized By**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name *(Please Print)*

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title