



W. M. KECK OBSERVATORY
Maunakea, Island of Hawai'i

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH VENDOR PARENTS)

This form is used for Automated Clearing House (ACH) payments. The information being collected on this form will be used by the California Association for Research in Astronomy dba W.M. Keck Observatory to transmit payment data, by electronic means, to a vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH payment System. Recipients should request to be notified immediately regarding any change occurring at the financial institution that may delay or prevent the receipt of scheduled payments.

COMPANY NAME

I (we) hereby authorize California Association for Research in Astronomy dba W.M. Keck Observatory, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION

TRANSIT ROUTING NUMBERS										ACCOUNT NUMBER									
:									:										
<input type="checkbox"/> CHECKING										<input type="checkbox"/> SAVINGS									

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) - Please Print		A/R EMAIL ADDRESS	
ADDRESS		CITY/STATE	ZIP CODE
AUTHORIZED SIGNATORY		DATE	

Please complete this form and return it to e-payables@keck.hawaii.edu

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