



KUTZTOWN UNIVERSITY OF PENNSYLVANIA

ACH ENROLLMENT FORM

ACTION REQUESTED (check one):

NEW

CHANGE

STOP

Recipient Information (Please PRINT or TYPE Information):

Remit to Name:

Address:

Phone Number:

Financial Institution Information (Please PRINT or TYPE Information):

Account Type (check one):

☐

CHECKING

☐

SAVINGS

**Bank Routing Number
(9-digit number):**

Bank Account Number:

Bank Name:

Bank Address:

Remittance Information (Please PRINT or TYPE Information):

Please provide an email address and/or fax number below to receive payment advice information.

Email Address:

Fax Number:

Request for Check:

By signing below you are requesting to continue to be paid via check:

Signature:

Date:
