



HOWARD COMMUNITY COLLEGE
HOWARD COUNTY, MARYLAND
Office of Accounts Payable

Electronic Payment Authorization Form

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:

Company Name (Please Print)

Tax I.D. Number

Contact Persons Name

Contact Persons telephone Number

Contact Person's Email.

Bank Account Information:

Bank Name

Bank Routing Number

Bank Account Number

(Checking/Savings) Circle One

Authorized By:

Authorized Signature

Date

Name (please print)

Telephone Number

Title