



**FORT HAYS STATE UNIVERSITY
FOUNDATION**

ACH Request Form

Please complete the information below to authorize payment via ACH.

Individual or Company: _____
(Select One)

Individual or Company Name: _____
(as it appears on account)

Social Security Number or EIN: _____

Bank Name: _____

Bank Address: _____

Account Number: _____

Bank Routing Number: _____

Account Type: _____
(Select One)

Amount: _____

Signature: _____

Date: _____

For questions, please contact:

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