



ACH Account Details Confirmation Form

Today's Date: _____

Effective Date: _____

Payee: _____

Financial Institution: _____

Routing #: _____

Account #: _____

Account Type: _____

Program Information:

SMC Department: _____

SMCF Program Description: _____

SMCF Class ID: _____ (5 digit code)

Signature Authority:

_____ *Payee's Name	_____ SIGNATURE	_____ DATE
_____ SMC Foundation Staff Member	_____ SIGNATURE	_____ DATE
_____ Accounting Manager - Foundation	_____ SIGNATURE	_____ DATE

** I understand that, should my payment information change, I am responsible for requesting a new ACH Account Details Confirmation Form which will take 5 business days to go into effect, from the date the form is completed.*