ACH Authorization Form

OSP
by edlio

As a duly authorized representative of _____ (name of school), I authorize Edlio, LLC., to automatically credit the bank account listed below and debit the account if refunds are needed (as authorized by the school). This authorization is valid until we provide Edlio Pay (OSMS) with written notification terminating this authorization.

School Name: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

2400

91-548/1221

PAY TO THE ORDER OF _____ $ [_____]

_____ DOLLARS

FOR _____

⑆122105278⑆ 672430⦂068⑈ 2400⑈

Routing Number   Account Number   Check Number

Please attach a voided check, if a paper copy of the check is available.

_____   _____
Authorization Signature   Print Name

_____   _____   _____
Date   E-mail   Phone Number

Please return form via email to helpdesk@osmsinc.com

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