

ELECTRONIC VENDORS ONLY

ACH Enrollment Form (OPTIONAL)

Vendor Electronic Funds Transfer Authorization

New Request
(Not available to individuals)

Account Change

Cancel

PAYER/COMPANY INFORMATION					
	NAME				
	ADDRESS				
1	CITY, STATE, ZIP				
	CONTACT NAME		CONTACT PHONE		
	BUSINESS EMAIL ADDRESS (for debit notification)		EMPLOYER ID NO. (EIN)		
	FINANCIAL INSTITUTION INFORMATION (MUST BE A BUSINESS ACCOUNT)				
	DEPOSITORY INSTITUTION NAME				
	ADDRESS				
	ADDRESS				
	CITY, STATE, ZIP				
2					
2					
		SAVII	NGS		
	TRANSIT/ ROUTING NUMBER (9 Digits) ACCOUNT NUMBER				
	AUTHORIZATION				
	I hereby authorize the Alaska Department of Fish and Game (ADFG) to initiate debit entries, and if necessary, credit				
	entries and adjustments for any debit entries in error to the account stated above. I understand that this authorization				
	will remain in effect until I cancel it in writing, and I agree to notify ADFG in writing of any changes in my account				
	information or termination of this authorization at least 20 days prior to the next billing date. If the periodic payment				
	dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds will be withdrawn from my account as soon as the				
	periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand				
	that ADFG may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00				
3	charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring				
	payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.				
	SIGNATURE		DATE		
	PRINT NAME		TITLE		

***Please add Fish and Game Licensing to your list of approved ACH companies: Company ID F926001185