Morehead State University Foundation, Inc.

Payment Request Form

Date of Request: _____ **Amount:** _____

Payable to: _____

Mailing Address: _____

Street *City* *State* *ZIP*

Instructions: _____

☐ *Mail Directly to Payee* ☐ *Hold for Pickup*

Received By: _____ **Date:** _____

Payment Details

Account Name: _____ **ID:** _____

Purpose: _____

If the expenditure is for events or travel, please attach an agenda, flyer, itinerary, web address, etc. that includes the date(s), places, and nature of the event. Also, attach a list of attendees and their relationship to MSU.

Authorizations

_____ _____

Primary Signatory *Requestor Name*

_____ _____

Secondary Signatory *Requestor Email*

_____ _____

Vice President (Required for requests of $10,000 or more.) *Requestor Phone Number*

MSU Foundation Use Only

Date of Funds Verified: _____ ☐ W-9 On File ☐ Check Issued ☐ ACH

_____

Reviewed & Approved by Director of Finance

Submit to: Finance Department of the MSU Foundation, Inc.
121 E 2nd Street, Suite 107 (Enrollment Services Bldg.) | Phone: (606) 783-5485| Email: FoundationFinance@moreheadstate.edu

Morehead State University Foundation, Inc.

Authorization Agreement For ACH Direct Deposits

I hereby authorize MOREHEAD STATE UNIVERSITY FOUNDATION to electronically deposit funds (and, if necessary, electronically debit my account to correct erroneous deposits) into the Checking or Savings Account as indicated below. I also certify that the Routing/ABA and account numbers provided below belong to me (or my company/business) and are correct. This authorization shall remain in full force and effect until I notify MSU Foundation by resubmission of this form as a cancellation, signed by an authorized signer on the account, that I wish to revoke this authorization. I understand that MSU Foundation requires at least 10 days prior notice in order to cancel this authorization.

Name on Account: _____

Bank Name: _____

Account Type: ☐ Checking ☐ Savings

Routing Number: _____ Account Number: _____

Approvals for ACH Transactions

_____ _____

Reviewed & Approved by MSUF CEO Date:

_____ _____

Reviewed & Approved by MSUF Board Date:

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