



# ACH Payment Form

Personal Information	
First and Last Name:	
Email:	
Phone #:	
Address (street, city, state, zip):	
Position (Instructor, TA, etc):	
Check your payment preference:	<input type="checkbox"/> Direct Deposit      or <input type="checkbox"/> Mailed Check

Bank Information (Direct Deposit ONLY)
Bank Name:
Branch Address:
Full Name on Account:
Bank Account Number:
Nine-Digit Routing Number:

You can [make a copy of this form here](#) or complete as a fillable PDF.

Please email this completed form to: [jesse@hackupstate.com](mailto:jesse@hackupstate.com).

[Remember to submit your hours after your period of instruction via the Google Form here.](#)

I, \_\_\_\_\_, do hereby certify that this information is correct and accurate  
understand that it is my responsibility to inform **HACK UPSTATE / CAREERS IN CODE** of any changes in  
order to receive timely and accurate payment for my services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

INTERNAL USE ONLY	
Approved Date:	CAMS PERIOD: