

Pennsylvania Department of Education
Office of Commonwealth Libraries
Bureau of Library Development
January 2003

**AUTOMATED CLEARINGHOUSE (ACH)
Information for Public Libraries
State Aid/LSTA**

Library Name Library AUN Number

Street Address County

City State Zip Code (+4)

If there are questions regarding this form, the contact person at the library:

Contact Person's Name Telephone (Area Code) Ext.

Library Director's Signature Date

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THIS PORTION IS TO BE COMPLETED BY A FINANCIAL INSTITUTION OFFICER

Financial Institution Name (Full Legal Name – No Abbreviations)

Financial Institution Address

ACH Routing Number: _____

Library Account Number: _____

This account is for (one must be checked): Checking () Saving ()

Signature of Financial Institution Officer Completing Form, Title Date

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Mail an original copy of this form to:
Linda Rohm, Pennsylvania Department of Education, Office of Commonwealth Libraries, 333 Market Street,
Harrisburg, PA 17126-1745 Telephone (717) 783-5745