



**ACF Written Exam Sponsor Site
Application**
Including Authorization Agreement for Direct Deposit

Test Site Name: _____

Address: _____

City, State, Zip: _____

Test Site Contact Name: _____

Phone: _____ Contact email: _____

Requirements: Initial each item confirming your site meets the requirements.

- _____ Located in a professional building, with a clean and well organized interior, heating and ventilation, and adequate parking.
- _____ Testing area is located away from noise and distractions and off limits to all but the test proctor and the test applicants while tests are in session.
- _____ Appropriate lighting to ensure candidates can easily read test material without causing glare on the computer monitor screens.
- _____ A minimum of two permanent computer testing stations. No laptops allowed.
- _____ A minimum of 80 square feet (8 X 10) for two candidates. In the absence of partitions between testing stations, a minimum of 5 foot spacing is required between candidates.
- _____ Physical workspace of at least 42" wide, 36" deep and 29" high.
- _____ Must be handicapped accessible with appropriate restroom facilities.
- _____ Internet-enabled computers equipped with Internet Explorer (6.0 or higher) or Mozilla Firefox (2 or higher) with 17" SVGA color monitors or larger.
- _____ High-speed Internet connection (recommended). Preferred connections include minimum 56K connection (128 kbps or faster preferred) to a reliable ISP.
- _____ Printer.

By signing I attest that the test site location listed above meets all the stated requirements and that I will contact ACF if elements change which will no longer meet the physical requirements. I agree to follow all procedures as outlined in the Comira/ACF Proctor Manual and to treat all testing information confidential. I agree to abide by the ACF Certification Code of Ethics and understand any breach will result in remedies as outlined in the Code of Ethics.

Signature

Date

Return the completed application form and Authorization Agreement for Direct Deposit to:
American Culinary Federation
180 Center Place Way, St. Augustine, FL 32095, 1-800-624-9458
acooper@acfchefs.net or fax 1-904-940-0742

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

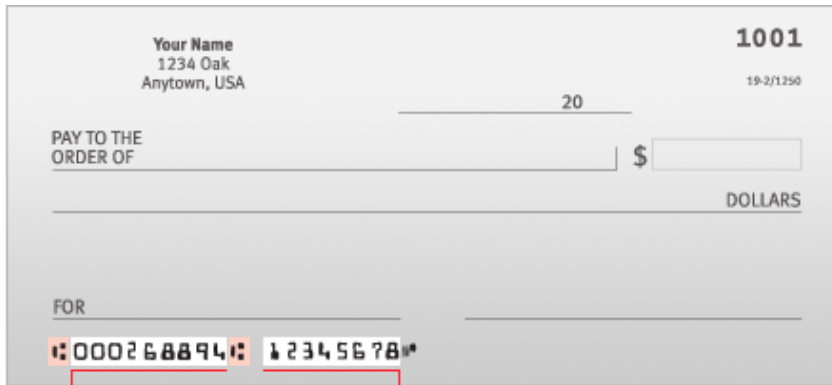
Company name _____

I authorize the above company to make direct deposit payments to my bank account described below:

Name of my financial institution _____

Checking or savings account number _____

9-digit routing number _____



Routing number **Account Number**
 is found between the
 "Ⓜ" and "Ⓜ" symbols.

This authorization will remain in effect until I provide the company written notice of revocation. The notice of revocation must be provided in a manner specified by the company, or by providing to the same person or office to whom this authorization was delivered.

I acknowledge that an initial deposit of \$0.01 will be made to my account when it is set up for direct deposits. This deposit is for the purpose of verifying my account and requires no additional steps on my part.

I agree that the credit entries authorized by this Agreement shall be subject to the rules of the National Automated Clearing House Association or other applicable clearing system as in effect on the date of the transaction.

The individual signing on behalf of the business listed below represents that he or she has the authority to sign this Agreement on behalf of the business.

Name of business _____

Signed by (please print) _____

Title _____

Signature _____

Date _____