



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize Saint Martin's University, to initiate credit entries to my:

Checking Account / Savings Account (select one) indicated below at the depository (bank) financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Company
Name

Bank

City State Zip Country

Routing
Number

Account
Number

This authorization is to remain in full force and effect until Saint Martin's University has received written notification from me of its termination in such time and in such manner as to afford Saint Martin's and DEPOSITORY a reasonable opportunity to act on it.

Name Title

(Please Print)

Date Signature

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.