

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.

Depository (Bank)

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Account
Number _____ 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(s) _____ ID Number _____
(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.

RETURN FORM TO ACCOUNTS PAYABLE, FINANCE OFFICE