

ACH CREDIT OR DEBIT AUTHORIZATION AGREEMENT

VENDOR NAME		
COMPANY NAME	COMPANY IDENTIFICATION NUMBER	
ADDRESS		
ACCOUNTING/ACH CONTACT NAME	PHONE	FAX
EMAIL ADDRESS FOR REMITTANCE ADVICE (REQUIRED)		

PRE-AUTHORIZED PAYMENTS

I (We) hereby authorize ASSOCIATED STUDENTS, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit the same such account.

AUTOMATIC DEPOSIT

I (We) hereby authorize ASSOCIATED STUDENTS, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credits entries in error to my (our) Checking Savings account (select one) indicated below and the depository institution named below, hereinafter called DEPOSITORY; to credit and/or debit the same such account.

DEPOSITORY NAME	BRANCH	
CITY	STATE	ZIP CODE
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	

This authority is to remain in full force and effect until COMPANY has received written notification from the Associated Students of its termination in such time and in such manner as to allow the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (PLEASE PRINT)	IDENTIFICATION NUMBER
DATE	SIGNATURE