

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

SOUTHWESTERN UNIVERSITY - GEORGETOWN, TEXAS

I hereby authorize Southwestern University to initiate credit entries to my account (and to initiate debit entries only to the extent any prior credit entries may be or may have been incorrectly entered) to the participating financial institution(s) named below.

FINANCIAL INSTITUTION: _____ Checking-

Savings-

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA NO:* _____ **ACCOUNT NO:** _____

*This is the nine digit number at the bottom left on your checks.

AMOUNT TO DEPOSIT: _____ **ALL NET PAY DESIGNATED AMOUNT:** _____

FINANCIAL INSTITUTION: _____ Checking-

Savings-

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA NO:* _____ **ACCOUNT NO:** _____

*This is the nine digit number at the bottom left on your checks.

AMOUNT TO DEPOSIT: _____ **ALL NET PAY DESIGNATED AMOUNT:** _____

This authority is to remain in full force and effect until Southwestern University has received written notification from me of its termination in such time and in such manner as to afford the University a reasonable opportunity to act on it.

NAME (PRINTED): _____

SOCIAL SECURITY NO: _____ **DATE:** _____

PLEASE NOTE THAT, DUE TO TIMING DIFFERENCES, NEW OR CHANGED DIRECT DEPOSITS MAY RESULT IN ONE OR MORE PAPER CHECKS AFTER THIS FORM HAS BEEN SUBMITTED. PLEASE DO NOT CLOSE YOUR ACCOUNT(S) WITHOUT GIVING THE PAYROLL OFFICE TWO WEEKS NOTICE.

SIGNATURE: _____

Attach voided check or deposit slip here.