

**AUTHORIZATION AGREEMENT TO DISCONTINUE DIRECT DEPOSITS**

**SOUTHWESTERN UNIVERSITY - GEORGETOWN, TEXAS**

I hereby authorize Southwestern University to discontinue direct deposits to my account(s) listed below.

**NAME:** \_\_\_\_\_ **SS #:** \_\_\_\_\_

\*\*\*\*\*

**FINANCIAL INSTITUTION:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TRANSIT/ABA NO: \*** \_\_\_\_\_ **ACCOUNT NO:** \_\_\_\_\_

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

**EFFECTIVE DATE:** \_\_\_\_\_

Checking-	<input type="checkbox"/>
Savings-	<input type="checkbox"/>

\*\*\*\*\*

**FINANCIAL INSTITUTION:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TRANSIT/ABA NO: \*** \_\_\_\_\_ **ACCOUNT NO:** \_\_\_\_\_

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

**EFFECTIVE DATE:** \_\_\_\_\_

Checking-	<input type="checkbox"/>
Savings-	<input type="checkbox"/>

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

