

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:** _____