



Authorization Agreement for Automatic Deposits (ACH Credits)

Please attach a voided check or bank specification with routing and account numbers

I authorize Ave Maria University INC. to send credit entries, as well as appropriate adjustment and debit entries, to my/our accounts as indicated below.

Account #1

Account Type Checking Savings

Bank Name: _____

Bank Routing #/ABA#: _____

Account #: _____

Account #2

Account Type Checking Savings

Bank Name: _____

Bank Routing #/ABA#: _____

Account #: _____

Amount to be deposited: _____

Cancel Existing Direct Deposit

Account Type Checking Savings

Bank Name: _____

Name: _____

Signature: _____

Date: _____