



## Authorization Agreement for Automatic Deposits (ACH Credits)

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: \_\_\_\_\_

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_