

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize Washington and Lee University, hereinafter called **Company**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking and/or savings accounts indicated below at the depository named below, hereinafter called **Depository**, to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

Checking or Savings (*circle one*)

Deposit - Full net pay or \$ _____ (In order to use a fixed amount, another checking or savings account must be provided for the balance of the payroll check to be deposited.)

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

Please attach the following:

Checking - a voided check or voided copy of a check

Savings - a deposit slip (if applicable)

Checking or Savings (*circle one*)

Deposit - Full net pay or \$ _____ (In order to use a fixed amount, another checking or savings account must be provided for the balance of the payroll check to be deposited.)

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

Please attach the following:

Checking - a voided check or voided copy of a check

Savings - a deposit slip (if applicable)

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

Name(s) _____ ID Number _____
Please Print

Date _____ Signed X _____

Date _____ Signed X _____