



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDIT)

---

I (we) hereby authorize the University of the Nations, hereafter called Company, to initiate credit entries to my (our)

- Savings account  
 Checking account

Indicated below at the depository financial institution (your bank) named below, hereafter called depository, and to credit the same to such account.

---

Either fill in the information below or attached a voided check.

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please email my deposit statements to the following email:

---

---

This authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and the Depository a reasonable opportunity to act on it.

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

Mission Account Number: 6299 Date: \_\_\_\_\_

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

Co-Signature: \_\_\_\_\_

1. I (we) also authorize adjustment entries in the event of erroneous transactions to my (our) account.
2. All written debit authorizations **must** provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.