

UNIVERSITY OF ST THOMAS
AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBIT

New Authorization Change in Bank Information Cancellation of Authorization

I authorize the University of St. Thomas to initiate debit entries to my account at the financial institution named below. I understand that I will be charged a \$30.00 fee by UST if there are insufficient funds in my checking account at the time UST initiates any debit entries (this fee is subject to change).

Students Name _____
Last First MI

UST ID Number or Social Security Number _____

Home Telephone _____ Work Telephone _____

Account Holders Name _____
 (if other than student)

Bank Name _____

Bank City _____ Bank State _____

Bank Routing Number _____
 (9 digits; lower left-hand side of check)

Checking Account Number _____

" A payment in the amount of _____ will be debited to my account each month beginning _____ and continuing until the balance is paid in full. These payments will be debited on the _____ day of each month.

If the agreed upon date falls on a weekend or bank holiday, the payment will be deducted the following business day."

I agree to the terms stated above and authorize the University of St. Thomas to deduct payments from my checking account per this agreement.

Signature _____ Date _____
 Of Student

Signature _____ Date _____
 Of Account Holder (if different than student)

This authorization is to remain in full force and effect until the University of St. Thomas has received written notification from me of it's termination in such time and in such manner as to afford the University a reasonable opportunity to act on it.

ATTACH A VOIDED CHECK HERE
 DO NOT ATTACH A DEPOSIT SLIP