

**Instructions:**

1. Complete this entire authorization agreement. Please print using black or blue ink.
2. Present this completed form to the Student Financial Services office. If your checking account will be debited, please attach to this form a **voided check** for the checking account. If your savings account will be debited, please attach to this form a **voided deposit slip** for the savings account.
3. This agreement may be revised or terminated at any time by written notification or email to the Student Financial Services office.


**YOUR INFORMATION**

<b>STUDENT ID#</b> _____  <b>STUDENT NAME:</b> _____	Last Name:	First Name and Middle Initial:
	Street Address:	
	City:	State and Zip Code:
	Daytime Phone: (     )	Evening Phone: (     )

**DESIGNATION AND FREQUENCY**

<b>(For School use Only)</b>  <b>Designation:</b>  <input type="checkbox"/> SFS  <b>Amount:</b> (may vary monthly)  \$ _____	<b>Frequency:</b> (Please check only one.) Student account payments are due on the 15 <sup>th</sup> of the month.  <input type="checkbox"/> Monthly on the 5 <sup>th</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 25 <sup>th</sup> <input type="checkbox"/> One-Time
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**CHECKING OR SAVINGS ACCOUNT ACH DEBIT AUTHORIZATION**

<b>should be debited from my:</b>  <input type="checkbox"/> Checking Account (Please attach a <b>voided check</b> .) <input type="checkbox"/> Savings Account (Please attach a <b>deposit slip</b> .)  Routing Number (9 Digits): _____ Account Number: _____   Routing Code      Account Number	<b>I hereby authorize <i>Ouachita Baptist University</i> to automatically withdraw payments from my account by initiating ACH debit transactions per the amount, frequency, and account information stated on the monthly electronic statement. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of NACHA requirements. This authorization will remain in effect until <i>Ouachita Baptist University</i> has received written notification from me of its termination in such time and in such manner as to afford <i>Ouachita Baptist University</i> a reasonable opportunity to act on it.</b>  <b>Account Holder Signature:</b> _____  <b>Date:</b> ____/____/____
<b>(School Use Only)</b>  ACH Transaction Set Up on ____/____/____ by _____	