

Authorization Agreement for Electronic Funds Transfer (EFT)

NAME (PLEASE PRINT):								PHONE #:														
ADDRESS (check	k stub v	vill be	maile	ed to t	his a	ddres	s): _															
E-MAIL ADDRE	ESS (27	chara	cters o	or less	s): _																	
ACCOUNT	INF	ORN	/IA]	ΓIO	N																	_
FINANCIAL INS	STITUT	TION I	NAMI	E																		
BRANCH NAME	Ξ																					
NAME ON ACC	OUNT																					
ACCOUNT TYP	E (che	ck one)	Ch	eckin	ıg	S	aving	s													
ACCOUNT NUM	MBER	1		1	ı	ı	1	1	l													
TRANSIT ROUT to avoid errors, I : I hereby authorize entries and adjust institution indicat force and effect u that I wish to term SIGNATURE	e Oak R ments f ed abov	Ridge A for any ye to construct the sage of the sage o	Associated to the control of the con	iated tentrand/or me with or the	University ies in debi	ersitie error t the sanothe	es, Inc to the same er aut U tern	e. to ince accepto such orizentate	nitia oun ch a atio es th	ate of the state o	creo ndic oun ngreo agr	dit e atec t. T eme	entrio d abo his a ent o nent	es anove. nuthor un	nd to I al oriza til I lack	o ini so a ition noti of a	tiate authorist ify Cactiv	e, if rorize to rer	neces the main U in	ssary fina in f writ	, de ncia full ting	ebit al
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