

AUTHORIZATION FOR AUTOMATIC DEPOSITS

I hereby authorize Southern Nazarene University (SNU) to initiate credit entries to my checking account or savings account indicated below at the DEPOSITORY FINANCIAL INSTITUTION (bank or credit union) named below.

FINANCIAL INSTITUTION NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT ROUTING NUMBER _____

(Your Financial Institution can provide this number)

ACCOUNT NUMBER _____

(For Credit Union Members, Please verify the number provided is your account number and NOT your Member Identification Number)

Please Check One () Checking () Savings

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

NAME _____ ID NUMBER _____
(Please Print Name)

SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK

