

**Authorization Agreement For
Automated Clearing House Transactions
(ACH Debits)**

I (we) hereby authorize: Campus Life of Sheboygan County hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

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

I (we) wish for this transaction to take place starting on: _____ and to recur:

weekly, every two weeks, monthly, One Time, other: _____ in the amount of: \$ _____

Name:
Please print - _____

Signature

Date

OPTIONAL: TAPE VOIDED CHECK HERE