



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Name(s) _____ ID Number_Z _____

Address _____ City, State, Zip _____

I hereby authorize Florida Atlantic University Foundation, Inc, hereinafter called FAUF, to initiate credit entries to my ___Checking Account ___Savings Account (select one) indicated at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

AGREEMENT:

I hereby authorize and request the Florida Atlantic University Foundation, Inc.(FAUF) to initiate credit entries and, if necessary, debit entries in accordance with NACHA rules reversing credit entries made in error to my account(s) at the financial institutions(s) named. This Direct Deposit Agreement is to remain in effect until changed or withdrawn by : (a) me in writing with sufficient notice to FAUF to allow adequate time to effect termination, (b) my death or legal incapacity, (c) the financial Institution(s), (d) FAUF. I also understand that I must submit a new Direct Deposit Authorization Form if I change banks and/or accounts. I understand that if I close my bank account without properly notifying the Foundation office, I will not receive a payment until my Bank returns the funds to the Foundation.

Date _____ Signature _____

e-mail address: _____ direct deposit notifications will be sent via e-mail only.

Please provide a voided check with authorization form.