

AUTHORIZATION FOR ACH

First Name _____ Middle Initial _____ Last Name _____

Student ID#

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I hereby authorize Central Baptist College to initiate credit and/or debit entries to my Checking and/or Savings account indicated below with the depository named below, hereinafter called "Depository", to credit the same to such account. All ACH transactions originated will comply with the laws of the United States.

Account Information: **[ALL FIELDS ARE REQUIRED]**

Name of Financial Institution _____
Depository

Branch _____

City _____ State _____ Zip _____

Routing and Transit/ABA #

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Account #

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Account Type: Checking _____ Savings _____

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

Name _____
(Please Print)

CBC Email _____
(Please Print)

Date _____

Signature _____

TO VERIFY ACCOUNT INFORMATION, PLEASE ATTACH VOIDED CHECK OR OTHER APPROPRIATE DOCUMENTATION TO THIS FORM