

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

TIFFIN UNIVERSITY

I hereby authorize Tiffin University to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my account or accounts indicated below*.

Financial Institution _____ Account No. _____

City & State _____ Amount \$ _____ Net Pay _____

Transit/ABA No. _____ Chk. _____
Sav. _____

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

Name _____ Social Security
(please print) Number _____

Signed X _____ Date _____

*Please attach a VOID **CHECK** for account(s) above.