



# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

800.977.8449 | Fax: 251.923.4063 | [directdeposit@columbiasouthern.edu](mailto:directdeposit@columbiasouthern.edu)

|                     |  |                  |  |
|---------------------|--|------------------|--|
| <b>STUDENT NAME</b> |  | <b>STUDENT #</b> |  |
|---------------------|--|------------------|--|

I (we) hereby authorize Columbia Southern University, hereinafter called CSU, to initiate credit entries (direct deposit) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)  Checking  Savings account (select one) indicated below and the depository (bank) named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

|                        |  |                  |  |            |  |
|------------------------|--|------------------|--|------------|--|
| <b>BANK NAME</b>       |  |                  |  |            |  |
| <b>CITY</b>            |  | <b>STATE</b>     |  | <b>ZIP</b> |  |
| <b>TRANSIT/ABA NO.</b> |  | <b>ACCOUNT #</b> |  |            |  |

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

Name(s): \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Signed X \_\_\_\_\_

Signed X \_\_\_\_\_

**\*\*\*\* ATTACH A VOIDED CHECK OR BANK DOCUMENTATION \*\*\*\***

*All voided checks must have Name & Address printed on them (No Counter Checks). All bank documentation must list Name, Account Number, and Routing Number. Banking documentation must be on letterhead if submitted by bank representative. We do not accept Direct Deposit Setup Forms as proof of bank*