

Washington and Lee University
Business Office

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEDUCTIONS (ACH DEBITS)

Account Information

Checking Account Savings Account

Depository Bank Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

Beginning _____, I (we) hereby authorize Washington and Lee University, hereinafter called **Company**, to initiate debit entries for my monthly health insurance payment and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking and/or savings account(s) indicated above at the depository named above, hereinafter called **Depository**, and to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

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

Name(s) _____

Signature _____ Date _____

2nd (if needed)

Signature _____ Date _____

Please attach one of the following:
Checking - a VOID check or copy of VOID check
Savings - a deposit slip (if applicable)
Bank Form - stating ABA # and Account # and account type