# *ACH Authorization Form*

## CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Bank Street College of Education (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____
(Name of Financial Institution)

_____
(Address of Financial Institution - Branch, City, State, & Zip)

_____ _____
(Signature) (Date)

_____
(Name - PLEASE PRINT)

_____
(Address - PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____

Financial Institution Routing Number:_____

Checking/Savings Account Number:_____

These numbers are located on the bottom of your check as follows:

