

Direct Deposit/Payment Agreement Form

Authorization Agreement

Direct Deposit/Payment via ACH is the transfer of funds from a consumer account for the purpose of making a deposit or payment.

I (we) hereby authorize Ameritech College of Healthcare to initiate automatic deposits to my account at the financial institution named below. I (we) also authorize Ameritech to make withdrawals from this account in the event that a credit entry is made in error.

I (we) authorize Ameritech to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits).

Further, I (we) agree not to hold Ameritech responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Ameritech in writing that I (we) wish to revoke this authorization. I (we) understand that Ameritech requires at least {5 days} prior notice in order to cancel this authorization.

Name(s) _____

Signature(s) _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Bank Account Information

A voided check or a direct deposit statement from your banking institution must be accompanied with this completed and signed form. In order for Ameritech to accept your direct deposit request, additional documentation that is preprinted and includes your name (account holder), routing number, account number, and banking institution is required. A voided check or direct deposit statement from your bank institution is the most commonly accepted format. If this information is not provided, your request will not be accepted. A completed and signed form with supporting documentation may be submitted to the Bursar's Office in person, by email at studentaccounts@ameritech.edu or by fax at 801-816-1456.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking _____ Savings _____

Social Security Number: _____

Amount of direct payment/debit(s) or method of determining amount of debit(s) {or specify range of acceptable dollar amounts authorized}: _____

Date(s) and/or frequency of debit(s): _____

***If the date of the transaction falls on a weekend or holiday it will be taken out the next business day.*

Signature(s)

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

The NACHA operating rules do not require the consumer's express authorization to initiate reversing entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors. Written debit authorizations must provide that the receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g. "In writing by mail to 12257 Business Park Drive, Ste. 100, Draper, Utah 84020-8126) that it's received at least (3) days prior to the proposed effective date of the termination of authorization").