



8215 Clayton Road, St. Louis, Missouri 63117 phone 314.725.7990 fax 314.725.5231

AUTHORIZATION FORM FOR DIRECT PAYMENTS (ACH/DEBIT)

DIRECT PAYMENT - ACH/DEBIT

I (we) hereby authorize The Scholarship Foundation, hereinafter called FOUNDATION, to initiate debit entries to my (our) [] checking [] savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

DEPOSITORY/FINANCIAL INSTITUTION

NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA/ROUTING# _____ ACCOUNT # _____

PLEASE ATTACH A VOIDED CHECK OR A COPY OF YOUR SAVINGS ACCOUNT CARD TO THIS DOCUMENT

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

NAME _____ STUDENT NUMBER _____

EMAIL ADDRESS _____ @ _____

PLEASE WRITE LEGIBLY. CONFIRMATION WILL BE SENT TO THIS EMAIL ADDRESS UPON RECEIPT OF AUTHORIZATION

TELEPHONE NUMBER (_____) _____ - _____ []home or []cell

WE MAY CONTACT YOU BY PHONE IF WE HAVE ANY DIFFICULTY WITH INFORMATION PROVIDED

By signing below I acknowledge that I am fully authorized to make transactions on the above stated banking account.

SIGNATURE _____ DATE _____

If the above banking account information is owned by someone other than the person named on the interest-free loan account with the Scholarship Foundation please sign below.

SIGNATURE _____ DATE _____

Please see examples below for effective start dates for ACH/Debit authorizations:

Example 1: Authorization form received by March 31 ACH/Debit effective April 15.

Example 2: Authorization form received by April 2 ACH/Debit effective May 15.