

Direct Withdrawal Authorization Form (ACH/Debit)

ACH forms ***must be received by the 9th of the month*** for that month's payment to be automatically withdrawn from your account.

Student Number _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

I (we) hereby authorize The Scholarship Foundation, hereinafter called FOUNDATION, to initiate debit entries to my (our) account 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.

Checking: Savings:

Depository/Financial Institution Name: _____

Transit/ABA/Routing #: _____ Account #: _____

*Please attach a voided check or a copy of your savings account card to this form if available.

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. **Payments are withdrawn on the 15th of each month.** If the 15th falls on a weekend or holiday, funds will be withdrawn on the next business day.

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

Signature

(MUST be a physical 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 FOUNDATION, please have them sign below.

Name

Signature

(MUST be a physical signature)

Date