## AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize (Missouri Valley College), hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Bank Name)	(Branch City, State)
(Routing Number)	(Account Number)
Type of Account:Checking	Savings
·	I effect until COMPANY has received written ation in such time and manner as to afford COMPANY unity to act on it.
(Print Individual Name)	(Print Student Name, if different)
Social Security Number	Student ID Number
(Signature)	
(Date)	

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM