

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH Debits)

Please complete this form and mail to:

Emmaus Bible College
Attn: Advancement
2570 Asbury Rd
Dubuque, IA 52001

Company Name: Emmaus Bible College

I (we) hereby authorize Emmaus Bible College to initiate debit entries to my (our) account indicated below at the depository financial institution named below, and to credit the same to such an account. I (we) acknowledge that the origination of ACH transactions for my (our) account must comply with the Provisions of U.S. law.

Depository (Bank) Name _____

Branch Address _____ City _____

State _____ Postal/ZIP Code _____ Country _____

Select One: Checking Account or Savings Account

Routing Number _____

Account Number _____

Amount of Draft (in US dollars) \$ _____ Date to begin withdrawals* _____

**The draft from your account will take place on or near the 20th day of the month*

Gift Designation: Please designate my gifts toward the following fund (select one)

Emmaus Fund Student Aid Scholarships Other: _____

Receipt Preference (select one): Annually (consolidated) or Monthly (each gift)

This authorization is to remain in full force and effect until Emmaus Bible College has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Emmaus Bible College and named Depository a reasonable opportunity to act on it.

Full Name (please print) _____

Signature _____ Date _____

The receiver may revoke authorization only by notifying the originator in the manner specified in the authorization.