

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Please complete this form and mail to:

Emmaus Bible College
Attn: Laura Guerra
2570 Asbury Road
Dubuque, IA 52001

Company Name: Emmaus Bible College

I (we) hereby authorize Emmaus Bible College to initiate credit entries to my (our) Checking Account/Savings Account (select one) 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 to my (our) account must comply with the Provisions of U.S. law.

Depository (Bank) Name _____

Branch Address _____

City _____

State/Postal Code _____ Postal Code _____

Country _____

Routing number _____

Account number _____

Amount of draft (in US dollars) _____

Date to begin monthly deposits* _____

Gift Information

Please designate my gifts towards the following fund:

- General Fund
- Student Aid Fund
- Facilities / Infrastructure
- Other: _____

*The draft from your account will take place on or near the 21st day of each month, but not before the 21st.

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)

Student ID number (if current Emmaus student) _____

Date (mm/dd/yy) _____

Signature _____

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.