



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

I hereby authorize GUILFORD COLLEGE to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my CHECKING ACCOUNT and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY (BANK) NAME \_\_\_\_\_ Phone \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

[ ] CHECKING or [ ] SAVINGS AMOUNT \$ \_\_\_\_\_ or % \_\_\_\_\_

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This authority is to remain in full force and effect until Guilford College has received **written notification from me of its termination in such time and in such manner as to afford the College and DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.**

I, the undersigned, certify that I will be financially responsible for any portion or all of the funds that are deposited to my account if my financial aid is adjusted and/or if my credit hours are reduced, either due to dropping a class or withdrawing from the college, resulting in a balance due on my account after the date of deposit and authorize the debit entry if it becomes necessary.

NAME \_\_\_\_\_ G# \_\_\_\_\_  
(Please Print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please attach one of your checks marked VOID if a checking account (or have your bank complete the above TRANSIT/ABA No. and Account No. if a savings account) so that there will be no mistake in the coding identifying your account.

If there are any questions, please feel free to contact Jeremi Watkins in Student Financial Services at 316-2147 or 316-2176.

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I **do not** authorize any Direct Deposit to any account from any credit balance on my tuition account at Guilford College. If I qualify for any refund, please issue that refund in the form of a paper check. Check this box [ ] and sign here ONLY if you are NOT authorizing Direct Deposit.

NAME \_\_\_\_\_ G# \_\_\_\_\_  
(Please Print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_