



# CARL SANDBURG COLLEGE™

## DEPOSIT DIRECT ENROLLMENT AUTHORIZATION FORM

**Please Check Appropriate Box:**

☐ Initial  
Authorization

☐ Change of  
Financial Institution

☐ Change of  
Account #

\_\_\_\_ - \_\_\_\_ or \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
FEIN Social Security No.

Print: \_\_\_\_\_ Company Name

**THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY:**

\_\_\_\_ ( ) - \_\_\_\_  
Name of Financial Institution Bank Phone No.

\_\_\_\_ City State Zip  
Financial institution Street Address

**Type of Account** (Choose only 1):

☐ Checking ☐ Savings \_\_\_\_\_  
Account Number

**Bank Routing/Transit Number:** \_\_\_\_\_

**E-mail address of person to receive notification of payment:** \_\_\_\_\_

I hereby authorize Carl Sandburg College to initiate credit entries to the account indicated above, and the FINANCIAL INSTITUTION named above, hereinafter called the RECEIVING BANK, to credit the same to such account. No adjustment shall be made to the above account except to correct improper credits. This authorization is to remain in full force and effect until Carl Sandburg College has received written notification of its termination in such time and in such manner as to afford Carl Sandburg College a reasonable opportunity to act upon it, or until COMPANY or FINANCIAL INSTITUTION has sent a ten (10) day written notice of COMPANY or FINANCIAL INSTITUTION'S termination of the agreement.

( ) - \_\_\_\_\_  
Business Phone No. Authorized Signature and Title Date