



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 it's 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 FINANACIAL INSTITUTION'S termination of the agreement.

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