

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company

Name **Rhatigan Student Center**

I hereby authorize Commerce Bank, N.A. hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Account(s) indicated below and the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account(s).

DEPOSITORY

NAME

BRANCH

CITY

STATE

ZIP

TRANSIT/ABA NO.

ACCOUNT NO.

CHECKING

ACCOUNT NO.

SAVINGS

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME

SOCIAL SECURITY NUMBER

DATE

SIGNED

(Please attach a copy of your bank deposit slip)