

TEXAS SOUTHMOST COLLEGE ACH DEBIT AUTHORIZATION AGREEMENT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name:	<u>Texas Southmost College</u> (herein referred to as "Company")
Address:	80 Fort Brown, Brownsville, TX 78520
Please debit my (o	orize Company to initiate debit entries to my (our) (select one) Checking Account Savings Account ur) account for Recreation Center Memberships in the monthly \$
Indicated below at the depository financial institution named below, hereinafter DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.	
Depository Name	Branch:
City:	State: ZIP
Routing Number:	Account Number
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Depositor Name:	
Signature:	Date:
Name & Title	Date
Note:	ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.