



AUTHORIZATION FORM

School/Organization Name: CEC – First-Centenary UMC

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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Effective date of authorization: ____/____/____ Name of Student: _____

Type of Authorization form:

- New authorization
- Change payment amount
- Change payment date
- change banking information
- discontinue electronic payment

Last name	First Name
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Address

City	State	Zip
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Email

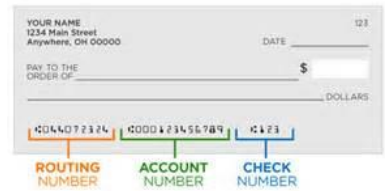
Date of first payment: ____/____/____	Payment frequency: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment: \$ _____ (optional)
Date of last payment (optional): ____/____/____		

Please debit payment from my (check one):

- Savings account(contact your financial institution for routing #)
- Checking account (staple a voided check)

Routing number: _____
Valid Routing # must start with 0,1,2, or 3

Accounting number: _____



I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: _____

Please attach a voided check to the back of this page.