



The Scholarship Foundation of St. Louis

AUTHORIZATION FORM FOR DIRECT PAYMENTS (ACH/DEBIT)

DIRECT PAYMENT - ACH/DEBIT

I (we) hereby authorize The Scholarship Foundation, hereinafter called FOUNDATION, to initiate debit entries to my (our) [] checking [] savings account (select one) indicated below at the depository financial institution named below, hereinafter called 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 US law.

DEPOSITORY/FINANCIAL INSTITUTION
NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA/ROUTING# _____ ACCOUNT # _____

PLEASE ATTACH A VOIDED CHECK OR A COPY OF YOUR SAVINGS ACCOUNT CARD TO THIS DOCUMENT

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

NAME _____ STUDENT NUMBER _____

EMAIL ADDRESS _____ @ _____
PLEASE WRITE LEGIBLY. CONFIRMATION WILL BE SENT TO THIS EMAIL ADDRESS UPON RECEIPT OF AUTHORIZATION

TELEPHONE NUMBER (_____) _____ - _____ []home or []cell
WE MAY CONTACT YOU BY PHONE IF WE HAVE ANY DIFFICULTY WITH INFORMATION PROVIDED

SIGNATURE _____ DATE _____

Please see examples below for effective start dates for ACH/Debit authorizations:

Example 1: Authorization form received by March 31 ACH/Debit effective April 15.

Example 2: Authorization form received by April 2 ACH/Debit effective May 15.