



# ACH ORIGATION AGREEMENT

Effective Payroll: \_\_\_\_\_

I (we) hereby authorize Mayes Education Inc. dba/Waldorf University, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	(select only one)
Depository Name	_____	Branch	_____
City	_____	State, Zip	_____
Routing #	_____	Account #	_____
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.			
Name(s) on Account	_____	Last 4 of SSN	_____
Date	_____	Signature	_____
<b>Note: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.</b>			

**CHECK ONE:**

- NEW ENROLLMENT – Deposit my pay to the account shown
- CHANGE ENROLLMENT – Change financial institutions and/or account number
- CANCEL ENROLLMENT – Stop my participation in the program effective \_\_\_\_\_

*ATTACH YOUR VOIDED CHECK HERE*