

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Student Name _____ Student ID Number _____

Student Phone Number _____ Email _____

I hereby authorize World Learning, to initiate credit balances on my student account or for direct deposit my work study and, if necessary, debit entries and adjustments for any credit entries in error to the financial institution below to process this includes any credit. The debit entry is for the sole purpose of correcting an erroneous credit previously posted. The correcting debit entry is initiated so that it is charged back no more than 30 days from the date of the erroneous credit. World Learning provides me with the notification of such correction and the reason for it.

I acknowledge that the authority will remain in effect until such time until I graduate or have cancelled it in writing and that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

ABA/Routing Number _____ Account Number _____

(Please confirm the routing number with your bank for ACH deposit, because the number on your check may not be valid for this type of transfer.)

(select one) Checking Account
 Savings Account

Name of Account Holder _____

(Please Print)

Address of Account Holder _____

Please provide a copy of a voided check:

Date _____ Signature _____

All forms should returned to the Student Accounts office via email student.accounts@sit.edu. Please contact Jim Parker with any questions or concerns at james.parker@sit.edu or call (802) 258-3199.