

**Wake Forest University
Financial and Accounting Services
P. O. Box 7366
Winston-Salem, NC 27109**

Instructions- Please complete all 5 steps.

1. Complete the form below. If your account is a joint account both account holders must sign this form.
2. If using a checking account or making a change to an account, attach a voided, unsigned check to the form.
3. If using a savings account or making a change to an account, attach a voided savings account deposit slip.
4. Return the original form and the voided document if applicable to WFU.
5. Retain a copy of this form for your files.

Drafts will be initiated on the 10th of each month or the next business day.

Authorization Agreement for ACH Automatic Draft

Check here if this is a change of information. Effective date of change _____
What information is being changed? Bank Name Routing/Account Number Payment Amount Other

I (we) hereby authorize WAKE FOREST UNIVERSITY (WFU), to initiate debit entries to my (our) account in the entity named below ("institution"), and I (we) authorize the institution to accept and to debit the amount of such entries to my (our) account. Each debit shall be made monthly in an amount equal to the withdrawal amount indicated. I direct that said payment shall be deducted from my account on the tenth (10th) day of each month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name: _____ **WFU ID Number** _____

Transaction Type: Retiree Insurance Premiums Rental Charges Other _____

Name of Account Holder _____ Bank Name _____

City _____ State _____ Zip _____

Routing Number _____

Account Number Checking Savings _____

Single payment of \$ _____ Equal recurring monthly payments of \$ _____

This authorization is to remain in full force and effect until amount owed to WFU is paid in full or until this authorization is revoked. Any revocation shall not be effective until WFU has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give WFU a reasonable opportunity to act on it. I understand that I will be notified of any payment changes debited to my account.

WFU reserves the right to cancel this agreement at any time.

Name: _____ Date: _____ Phone: () _____
(Please Print)

Signature: _____

There will be a \$25.00 fee for all NSF items.