



ACH ENROLLMENT AUTHORIZATION FORM

New Request

Please enroll me in ACH payments. I authorize Edward Waters College to make refund payments and/or deposits through ACH in the amounts stated by initiating credit entries or correcting entries to the bank accounts (Checking and/or Savings) I have listed below. I understand my deposit will begin after the pre-note process is completed which **may** take approximately 10 to 15 banking days.

FOR ACTION: Attach a voided check (not a deposit slip) with this request to ensure accuracy of your account number.

Checking Account #1

Dollar Amount: \$ _____

Or Full Net

Bank Routing Number (ABA) (Must be nine (9) digits)

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Account Number

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Savings Account #1

Dollar Amount: \$ _____

Or Full Net

Bank Routing Number (ABA) (Must be nine (9) digits)

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Account Number

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ACCOUNT TERMINATION Please terminate the direct deposit account indicated. CA#1 CA#2 SA#1 SA#2

By signing below, I acknowledge the information provided to be true and accurate. I also understand that this authority is to remain in full effect until Edward Waters College has received written notification from me to close or change the account and/or dollar amounts.

Student Signature:	Social Security Number:	Student EWC ID:
Student First & Last Name:	Address:	City, State, Zip:
Primary Phone:	Date:	Email Address:

For Dept. of Business & Finance Use Only

Date Received by Accounts Payable	Received by:	Student/Vendor ID Number:
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There is no fee for this benefit. The refund payment owed **may** be deposited to ONE, TWO or THREE bank accounts (Checking and/or Savings). Please complete and deliver this form to Accounts Payable by email at accountspayable@ewc.edu or by fax at (904) 470- 8044