



**ELECTRONIC FUNDS TRANSFER [ACH DEBIT] AUTHORIZATION FORM**

NAME: \_\_\_\_\_

I [we] hereby authorize Divine Word College to initiate electronic debit entries, and if necessary, process any adjustments needed to correct entries made in error, to my [our] account listed below. I [we] acknowledge that the origination of ACH transactions to my [our] account must comply with the provisions of U.S. law.

Amount of debit entries: \_\_\_\_\_

Frequency of debit entries: \_\_\_\_\_

Start Date: \_\_\_\_\_

My Financial Institution Information:

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Circle One:    Checking Account                  Savings Account

If using a checking account, you may attach a voided check instead of completing the financial institution information section.

This authority is to remain in full force and effect until Divine Word College has received written authorization from me of its termination in such time and manner as to afford Divine Word College a reasonable opportunity to act on it.

\_\_\_\_\_  
[SIGNATURE]

\_\_\_\_\_  
[DATE]

\*\* Please return this completed form in person or by mail to:

Divine Word College  
Development Office  
PO Box 380  
Epworth, IA 52045