

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

By signing this document you are certifying that the account and routing number have been verified with your depository institution

LAST NAME: _____ MI: _____ FIRST NAME: _____

BANNER ID: _____

DEPOSITORY INFORMATION

Routing Number** _____

Lower left hand corner of your check (first 9 digits)

Account Number** _____

Bank Name: _____

City/State/Zip: _____

I hereby authorize the University of Texas @ San Antonio, to initiate credit(s) and, if necessary, debit entries and/or adjustments for any credit entries posted in error to my (select one):

CHECKING: _____

SAVINGS: _____

The authority is to remain in effect until the University of Texas @ San Antonio has received written notification from me, or its termination in such time and in such manner to afford UTSA and the Depository a reasonable opportunity to act on it.

Student Signature

Date

****PLEASE ATTACH A VOIDED CHECK HERE****

University of Texas @ San Antonio
Fiscal Services Office
One UTSA Circle
SATX 78249

**FOR OFFICE
USE ONLY:
PLEASE PRINT
CLEARLY**

Last Name _____

MI _____

First Name _____

Date Added: _____

FSO Rep: _____