

## Automatic Funds Debit Authorization Agreement

I hereby authorize Arkansas State University to debit my account in the amount of \$\_\_\_\_\_ on or about the first of each month.

I agree to the University's right in respect to each automatic funds transfer shall be the same as if a check is drawn and signed to me.

This authority shall remain in effect until Arkansas State University receives notification from me of its termination in such time as allow the University sufficient time to act upon the request.

I further agree that if the electronic debit entry is dishonored with or without cause and either intentionally or advertently, Arkansas State University shall be held harmless.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**\*Must Attach a VOIDED Check\***

You may return this form to the Treasurer's Office in the Student Union Room 2146