

AUTHORIZATION for DIRECT DEPOSIT (ACH CREDIT)

I (we) hereby authorize College and University Professional Association for HR, hereinafter called "CUPA-HR", to initiate electronic credit entries to my (our) account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION". I (we) acknowledge that ACH transactions I (we) authorize must comply with all applicable law. In the event of an erroneous or duplicate entry, I hereby authorize "CUPA-HR" to debit my account indicated below to correct any error made.

Name of Company/Institution or Individual on Bank Account

Phone

Email (where notices may be sent)

Financial Institution

Financial Institution's Address

Routing Number

Account Number

Type of Account: Checking or Savings Business or Personal

This authorization is to remain in full force and effect until I (we) notify CUPA-HR in writing that I (we) wish to terminate this authorization in such time and manner as to afford CUPA-HR and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print or Type Individual Name

Signature

Date