



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Submit via email: vendorW9@grayson.edu or Mail to:
Grayson College
ATTN: Business Office
6101 Grayson Drive
Denison, TX 75020

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY WHEN RETURNED TO US

I (We), _____, hereby authorize Grayson College to initiate credit entries (EFT deposits); to initiate, if necessary, debit entries (reversal of deposits) and adjustments for any credit entries in error to the account in the depository indicated below; or to authorize depository to credit or debit-initiated transactions.

This authority is to remain in full force and effect until Grayson College has written notification from the vendor or its termination in such time and in such manner as to afford Grayson College and DEPOSITORY a reasonable opportunity to act on it.

Company Name: _____

Mailing Address: _____

Phone Number: _____

Select Type (Choose One): Checking Account Savings Account

Depository Name: _____

Routing Number: _____

Account Number: _____

SIGNATURE ON ACCOUNT

Printed Name

Signature