



VALDOSTA STATE UNIVERSITY FOUNDATION

Credit Authorization for ACH Files

I (we) hereby authorize _____, hereinafter called the Valdosta State University Foundation, Inc., to initiate credit entries for _____ (Applicant) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. I (we) further authorize the Valdosta State University Foundation, Inc., to make the necessary adjustments as required for incorrect or duplicate credit entries received in error.

Financial Institution Name Branch

(Address) (City/State) (Zip)

Type of Account: ___ Checking ___ Savings
Routing Number Account Number

This authority is to remain in full force and effect until the Valdosta State University Foundation, Inc., has received written notification from me (or either of us) of its termination in such time and manner as to afford the Valdosta State University Foundation, Inc., and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name Signature

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

By providing my personal information on this form, I consent to the collection, use, and disclosure of my personally identifiable information (PII) by the Foundation for the purposes of processing ACH transactions. The Foundation is committed to protecting the privacy and security of my PII and will handle it in accordance with applicable laws and regulations. My PII will not be shared with unauthorized third parties, and appropriate safeguards are in place to prevent unauthorized access or disclosure. I understand that I have the right to access and correct my personal information held by the Foundation.