

DIRECT DEBIT Authorization Form

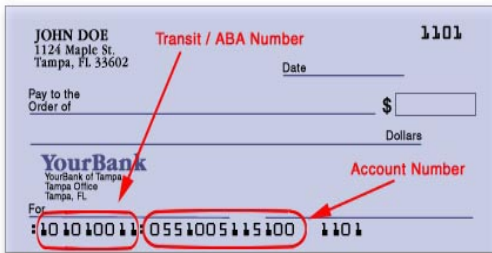
By completing and signing this form, I hereby authorize Dalton State College, to initiate debit entries as indicated and named below to my account at the depository financial institution, hereinafter named FINANCIAL INSTITUTION, and to debit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. and State Law. Furthermore, if any such debit(s) should be returned NSF, I authorize Dalton State College to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$25.00 (or 5% of the total value, which ever is greater) per item by electronic debit from my account identified below. **I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidence by my signature below.**

CUSTOMER INFORMATION:

Name: _____ Social Security #: _____
 Account ID: _____ Date of Birth: _____
 Telephone #: _____ E-Mail Address: _____
 Street Address: _____
 City, State, Zip: _____

FINANCIAL INSTITUTION (BANK) INFORMATION:

Financial Institution: _____ Branch: _____
 Transit/ABA Number: _____ Account Number: _____
Account Type (Select One): **Checking** **Saving**



Please return this form with a **voided check** (if your account type is checking) to:

Dalton State College
Attn: Business Office
650 College Drive
Dalton, Georgia 30720

This authorization shall remain in force and effect until Dalton State College receives written notification from me of termination with at least ten days of anticipation of the next transaction, to afford Dalton State College and the FINANCIAL INSTITUTION a reasonable opportunity to act and to make necessary adjustments. I understand that Dalton State College reserves the right to terminate this payment method and my participation in this service.

Signature: _____ **Date:** _____