



Authorization Agreement for Electronic Funds Transfer

I hereby authorize Middle Tennessee School of Anesthesia to initiate credit or debit entries to my checking/savings account indicated below at the depository financial institution named below. I acknowledge the originations of ACH transactions to my account must comply with the provision of the U.S. Law.

Complete Banking Information or Attach Voided Check

Financial Institution's Name _____

Routing Number _____ Account Number _____

Name _____

Social Security Number _____

Address _____

This authorization is to remain in full force and affect until MTSA has received written notification from me of its termination, or upon graduation in such time and in such manner as to afford MTSA and my financial institution a reasonable opportunity to act on it.

Signature _____

Date _____