

Bank of the Sierra Paperless Payment System ACH Origination Agreement

Schedule G Authorization Agreement for ACH Debits or Paper Drafts

I authorize you, STUDENTS INTERNATIONAL, to initiate ACH Debit to my deposit account at my Financial Institution named below. This authorization is for the payment of recurring monthly donations to the staff or site of my choice. In order to terminate or revoke this authorization, I must notify you, the origination customer, in writing. So long as this authorization has not been terminated or revoked, and Debit Entry originated by you under this authorization shall be conclusively presumed to be properly payable against my Account. I CAN STOP PAYMENT OF ANY SINGLE DEBIT ENTRY BY NOTIFYING MY FINANCIAL INSTITUTION 3 DAYS BEFORE MY DEPOSIT ACCOUNT IS CHARGED.

I understand that if there are insufficient funds in my Account when any authorized Debit Entry is presented, my Financial Institution may, at its discretion, pay or refuse to pay the Debit Entry, and may apply its usual returned check fees and charges. I also understand that if my Financial Institution refuses to accept a Debit Entry for any reason, you will not reprocess it without further written reauthorization from me.

I authorize my Financial Institution to charge these Debit Entries to my Account upon receipt and without advice to me.

(Please Print Clearly)

My Financial Institution Name _____

Street Address or Branch _____

City, State, Zip _____

Routing Number _____

Type of Account **Checking** _____ or **Savings** _____

Account Number _____

Name(s) on the Account _____

Authorized Debit Entries: You, Students International, are authorized to originate Debit Entries to my Account to pay recurring amounts I owe on the _____ day of the month (**choose the 6th or the 21st of the month**) or the business day following that day if that day is not a business day. The amount of these recurring payments may vary, however, no Debit Entry in any month may exceed \$_____. Please send all notices and advice's to the address shown below my signature.

I hereby certify that I am an owner and authorized signer of the Account. I acknowledge receiving a copy of this authorization. You may supply a copy of this Authorization Agreement to my Financial Institution or to your bank upon request.

Date: _____

Signature _____

Address _____

City/State/Zip _____

Daytime Phone _____

Email: _____

Name of Staff/Site being supported:

<i>For Office Use Only:</i>	
<i>Process</i>	_____
<i>Letter</i>	_____
<i>Active</i>	_____
<i>Excel</i>	_____