



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Student Name: _____ Company ID Number _____

I (we) hereby authorize **VanderCook College of Music** to initiate credit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, and 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.

For student tuition refund disbursement. Please complete and submit this form to the following email address for processing, studentbilling@vandercook.edu.

Should you require further assistance, please contact the Business Office at VanderCook College of Music.

Monday – Friday, 9:00 a.m. – 4:30 p.m.

Bank/Depository Name _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____
<p>This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.</p>	
Name(s) _____	ID Number _____
Date _____	Signature _____
<p><small>NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.</small></p>	

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