Authorization Agreement For Automated Deposits Credits

I hereby authorize and request SUCAP to make payments owed to me by initiating credit entries to my account at the Bank indicated below. I hereby authorize and request Bank to accept any credit entries initiated by SUCAP and to credit all such entries to my account without liability for the correctness of the entries:

Bank Name	Depositors Account Number

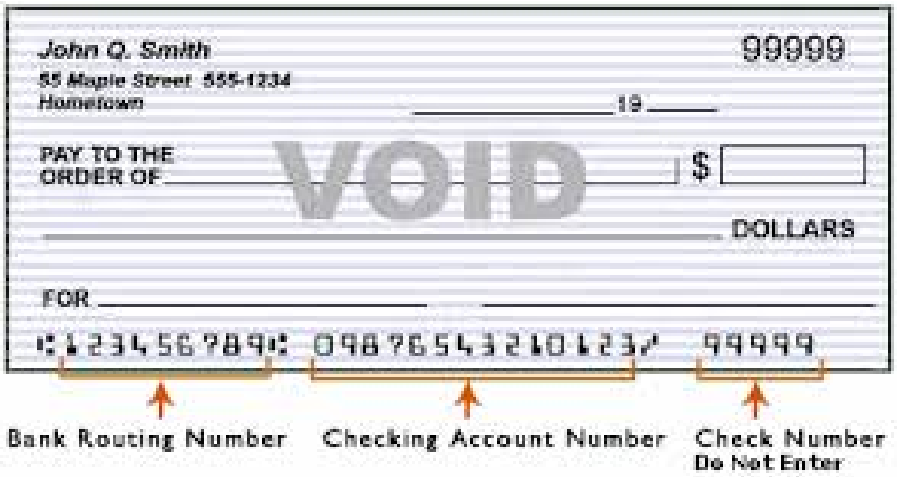
It is understood and agreed that I may terminate this agreement at any time upon three business days prior written notice to SUCAP or Bank. Notification to SUCAP or Bank shall be effective upon receipt.

Customer Name(s)	
Date	Sign

I understand and agree that if an erroneous credit is made to my account that SUCAP and Bank are authorized to stop payment, reverse the entry or make adjustments necessary to my account to correct the erroneous entry.

Depositor Account information
Instructions: 1. Attach voided check
2. Complete check information as shown

Sample Check



Complete this area:

|: | | | | | | | | | | :|
Transit/ABA No.

| | | | | | | | | | | | | | | | | | |
Bank Account Number information

Account Type

☐ * Checking Account ☐ * Savings Account

Please email this completed form to hr@sucap.org – signatures are requested during orientation.