



BROWN UNIVERSITY
Loan Office
Box 1950
Providence, RI 02912

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH Debits)

Please print clearly

BORROWER NAME: SSN:

ADDRESS:

CITY: STATE: ZIP:

PHONE: EMAIL:

I (we) hereby authorize Brown University to initiate debit entries on the first of every month for \$
(until my financial obligation to the University has been fulfilled) to the following account and Financial Institution named below.

FINANCIAL INSTITUTION: BRANCH:

CITY: STATE: ZIP:

ROUTING NUMBER: ACCOUNT NUMBER:

Brown University must receive this form at least 20 days prior to the first debit entry in order to allow enough time to process for the first of the month. If you are submitting this form well in advance of the first payment due date, please specify below when you would like Brown University to initiate the first debit to your account.

FIRST PAYMENT DUE DATE:

This authorization is to remain in full force and effect until Brown University has received written permission from me (us) of its termination in such time and in such manner as to affect Brown University and the Financial Institution a reasonable opportunity to act on it.

Signature: Date:

Signature: Date:

For Office Use Only

Date Received:

Date Entered: By:

****PLEASE ATTACH A VOIDED CHECK HERE****