



Direct Deposit Authorization

ACH Origination Agreement

I authorize **Carolina University** and the financial institution named below to initiate deposit entries to my checking/savings accounts, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying the financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever comes first.

First Horizon Bank
4605 Country Club Road
Winston-Salem, NC 27104

(Signature) (Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT) (City) (State) (Zip)

Checking or Savings Account No. _____

Checking Account ____ Savings Account ____

Financial Institution Routing Number _____

Note: In the case of revoked authorization, all written authorizations must be revoked only by notifying the originator in writing no later than 15 days before the next transactions effective date.