

AUTHORIZATION AGREEMENT FOR WELLS FARGO ACH PAYMENTS

Organization Name (Print)	
Organization Banner ID (if you do not know this, please contact Student Leadership Development at 757-221-3300)	
Department from which this organization receives primary administrative support, examples: Campus Recreation, Center for Student Diversity, Mason School of Business, etc.)	
Mailing Address	
Organization Email (this can not be the email address for an individual member)	
Phone Number	

Authorization Agreement

I hereby authorize the College of William and Mary/Virginia Institute of Marine Science to initiate deposits to my account listed above. To ensure proper distribution of my payments, I agree to immediately notify the administrator of my department of any changes to this information.

Account Information

Financial Institution: _____

Address: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Account Information

Signature of Account Holder: _____

Date: _____

Please attach here a copy of a voided check.