

# UNIVERSITY OF ARKANSAS AT PINE BLUFF ELECTRONIC FUNDS TRANSFER (ACH DEBITS) AUTHORIZATION AGREEMENT

Please return this form to:  
Office of University Relations & Development  
1200 N. University Drive, Mail Slot 4981  
Pine Bluff, AR 71601  
(870) 575-8701  
(870) 575-4605 fax  
[development@uapb.edu](mailto:development@uapb.edu)

I (we) hereby authorize the University of Arkansas at Pine Bluff, hereinafter called UAPB, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City-State) (Zip)

\_\_\_\_\_ Type of Acct: \_\_\_Checking\_\_\_ Savings  
(Routing/Transit Number) (Account Number)

**I would like to transfer \$ \_\_\_\_\_ per month**

This authority is to remain in full force and effect until UAPB has received written notification from me (or either of us) of its termination in such time and manner as to afford UAPB and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Print Individual Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Print Individual ID Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Cellular Phone

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
E-mail Address

**I would like to designate my gift to \_\_\_\_\_**