

1472578950

UMA Education Company ID

**AUTHORIZATION AGREEMENT
for
DIRECT DEPOSIT**

I (we) hereby authorize UMA Education, Inc., hereinafter called COMPANY, to initiate credit entries to my Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.

Account Name _____

City _____ State _____ Zip _____

ACH Routing Number _____

Account Number _____

Name of Receiving Bank _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Title _____
(Please Print)

Signature _____ Date _____

Please return this form with either a voided check OR a Bank Letter

The voided check or bank letter needs to match the information on this form