



# MORAVIAN COLLEGE

Live. Learn. Enjoy.

**Company Name: Moravian College**

**Contact Name: Lisa A. Brand**

**Phone: 610-861-1338**

I (We) hereby authorize Moravian College to initiate by electronic means debit entries to my (our) (\_\_\_) checking or ( ) savings account at the Depository institution named below and to initiate, if necessary, credit entries and adjustments for debit entries in error. I (We) authorize the Depository to accept and to debit and/or credit the amount of such entries to my (our) account.

**Name(s):** \_\_\_\_\_  
(as it appears on account)

**Account Number:** \_\_\_\_\_

**Transit/ABA Number:** \_\_\_\_\_

**Depository Name:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Amount to be Debited:** \_\_\_\_\_

This authority is to remain in full force and effect until Moravian College has received written notification from me (us) of its termination in such time and in such manner as to afford Moravian College and the Depository a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by Moravian College or the Depository prior to its receipt.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If this is a joint account, both signatures are required.**

Please return this form with a voided check to: Moravian College, Attn: Institutional Advancement, 1200 Main St., Bethlehem, PA 18018