

**Arkansas State University
Student Account Services
PO Box 1680
State University AR 72467
Phone: (870) 972-2285
Fax: (870) 972-3211**

Automatic Funds Debit Authorization Agreement

I hereby authorize Arkansas State University to debit my account in the amount of \$_____ on or about the first of each month.

I agree to the University's rights in respect to each automatic funds transfer shall be the same as if a check drawn and signed by me.

This authority shall remain in effect until Arkansas State University receives notification from me of its termination in such time as to allow the University sufficient time to act upon the request.

I further agree that if the electronic debit entry is dishonored either with or without cause and either intentionally or advertently, Arkansas State University shall be held harmless.

Signature

Social Security Number

Date

Must attach a VOIDED check

You may return this form to Student Account Services in the Student Union Rm 2146.