



Sigma Phi Epsilon Foundation in Nebraska

Authorization Agreement for Direct Payments (ACH Debits)

I hereby authorize Sigma Phi Epsilon Foundation In Nebraska, hereinafter called COMPANY, to initiate debit entries to my

Checking Account Savings Account

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

I authorize the below account to be electronically debited by Sigma Phi Epsilon Foundation in Nebraska on an intermittent basis as settlement for membership fees, room, board and other applicable expenses associated with my membership in Sigma Phi Epsilon Fraternity at the University of Nebraska – Lincoln or that of my son / ward.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until I, or my son / ward is no longer a member of Sigma Phi Epsilon Fraternity or COMPANY has received verbal or 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 _____ E-mail _____
(Please Print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. THIS AUTHORIZATION MAY ONLY BE MODIFIED OR CANCELED BY CONTACTING SIGMA PHI EPSILON FOUNDATION IN NEBRASKA AT P.O. BOX 6246 LINCOLN, NE 68506 OR (402) 304-3075.