ACCOUNT #1 **Type: Checking ( ) Savings ( )**

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I (we) hereby authorize **WILLIAM CAREY UNIVERSITY**, 64-0329300, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries for any credit entries in error to my account listed below and the financial institution named below, hereinafter called INSTITUTION, to credit or debit the same to such account.

FINANCIAL INSTITUTION	CITY	STATE	ZIP

BANK ROUTING NUMBER	ACCOUNT NUMBER

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

NAME(S) ON ACCOUNT – PRINTED	SOCIAL SECURITY NUMBER

DATE	SIGNATURE	SIGNATURE

DON'T FORGET TO ATTACH A VOIDED CHECK.

ACCOUNT #2 **Type: Checking ( ) Savings ( )**

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I (we) hereby authorize **WILLIAM CAREY UNIVERSITY**, 64-0329300, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries for any credit entries in error to my account listed below and the financial institution named below, hereinafter called INSTITUTION, to credit or debit the same to such account.

FINANCIAL INSTITUTION	CITY	STATE	ZIP

BANK ROUTING NUMBER	ACCOUNT NUMBER

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

NAME(S) ON ACCOUNT – PRINTED	SOCIAL SECURITY NUMBER

DATE	SIGNATURE	SIGNATURE

DON'T FORGET TO ATTACH A VOIDED CHECK.