UNIVERSITY OF ST THOMAS
AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBIT

New Authorization ☐ Change in Bank Information ☐ Cancellation of Authorization ☐

I authorize the University of St. Thomas to initiate debit entries to my account at the financial institution named below. I understand that I will be charged a $30.00 fee by UST if there are insufficient funds in my checking account at the time UST initiates any debit entries (this fee is subject to change).

Students Name_____
Last First MI

UST ID Number or Social Security Number _____

Home Telephone _____ Work Telephone _____

Account Holders Name _____