## 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 Numb	oer		
Home Telephone	Work Telephone _		_
Account Holders Name			_