

WHITNEY BENEFITS

P.O. Box 5085, Sheridan, WY 82801 \* (307) 674-7303 \* www.whitneybenefits.org

ACH Credit Authorization Form

Start Date: \_\_\_\_\_

As an authorized signer on the Depository Account presented, by completing and signing this form you give Whitney Benefits permission to pay/credit your account. This authorization is to remain in full force and effect until Whitney Benefits has received written notification from you of its termination. Any change to and/or termination of this authorization must be received by Whitney Benefits 5-business days prior to your scheduled disbursement.

Please complete the information below:

I, \_\_\_\_\_ as an authorized signer give Whitney Benefits permission to pay/credit my  
(Full name)

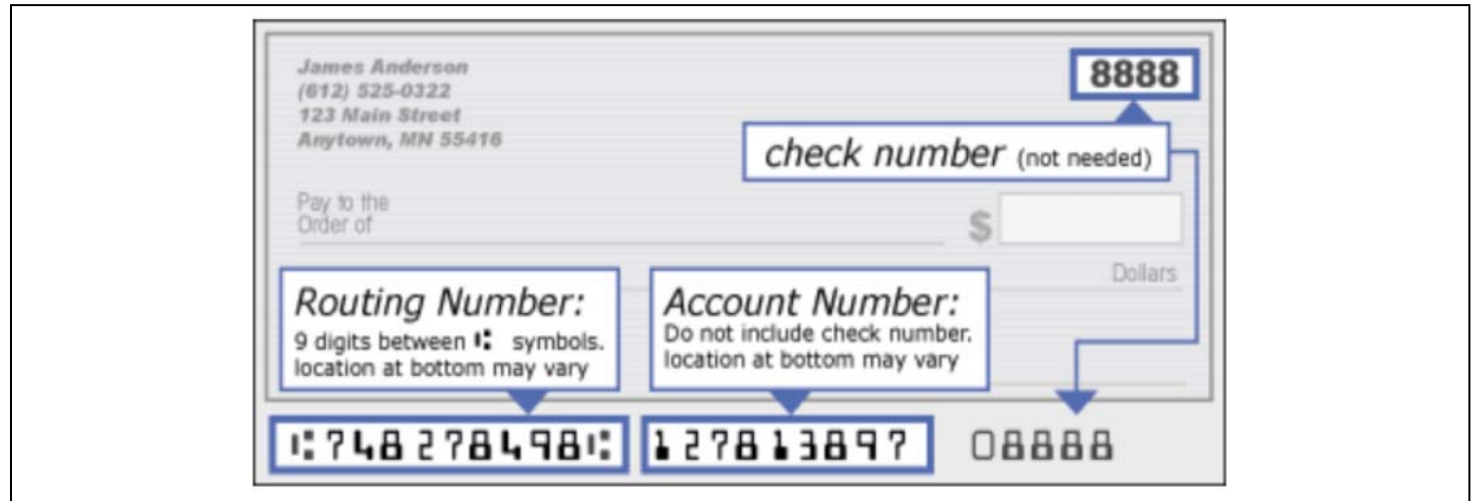
account indicated below. This payment is for Student Loan Funds Disbursement.

Name of Student (if different than authorized signer) \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Depository Bank \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_



Attach VOIDED Check Here

\_\_\_\_\_ I understand that Whitney Benefits may initiate a reversal of any entry made under this agreement if an error has been made. I understand the  
(Initial) depository bank at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement. I understand that Whitney Benefits will provide a written notice to me of the error with 24 hours.

I authorize Whitney Benefits to pay/credit the account indicated in this authorization form according to the terms outlined above. This authorization is for the payment described above. I certify that I am an authorized signer on this Depository Account.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Fax to: (307) 674-4335 or Scan & Email to: studentloans@whitneybenefits.org