

Rollins College, Inc.
Electronic Funds Transfer/Direct Deposit Agreement
(ACH Credits)

Through this Electronic Funds Transfer Agreement (“Agreement”), _____ (“Student”) with Rollins ID _____ does hereby authorize Rollins College, Inc. (“Institution”) to initiate electronic funds transfer credits for amounts owed to the Student by the Institution, and authorizes Student’s financial institution named below to credit such entries directly to the Student’s account.

Account Name	_____	Account Number	_____
Bank Transit Number	_____	Bank Name	_____
Bank Address	_____	Bank Contact/Telephone	_____
Bank Mailing Address:	_____		

Student’s financial institution must be capable of receiving a CTX ACH payment type.

Student will receive remittance advice detail from Rollins College via email notification to the Rollins e-mail account.

Laws Governing — This Agreement shall be construed in accordance with and governed by the laws of the State of Florida, without giving effect to the principles of conflict of laws which may direct the application of laws of any jurisdiction other than Florida.

Notices — Except as otherwise provided herein, all notices hereunder shall be in writing and shall be validly given if hand delivered or if sent by prepaid registered mail or certified mail addressed to:

<u>Institution at:</u> Rollins College, Inc. 1000 Holt Ave – 2715 Winter Park, FL 32789	<u>Student at:</u> Student Name: _____ Street Address: _____ City, State, Zip: _____ Phone Number: _____
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This Agreement may be terminated by either party hereto without liability to the other party hereto upon 15 days prior written notice to such other party. Student acknowledges and agrees that the terms and conditions of all agreements with Institution concerning the method and timing of payments for amounts owed by Institution to Student hereby are amended to be consistent with the terms of this Agreement. Institution has the right to discontinue or otherwise to adjust future transfer credits if transfer credits previously made are found to have been duplicate, in excess of requirements, fraudulent, or otherwise in error.

Student must notify the Institution when this account is no longer active. This account information will remain in effect for all disbursements to student until notified otherwise.

Institution: Rollins College, Inc	Student
_____	Signature: _____
Bursar Representative Signature:	Print/type Name: _____
_____	_____
Date: _____	Date: _____
_____	_____

A voided check must be submitted with this form to verify routing and account number.

This form and voided check may be returned to the Office of the Bursar via fax at 407-975-6497.