



Debit Payment Authorization Form

By completing and signing this form, I (we) hereby authorize **The Ohio State University - OIT**, hereinafter called company, to initiate debit entries to my (our) checking account as indicated below at the depository financial institution named below, hereinafter called depository. I (we) acknowledge that the origination of the debit payment transaction to my (our) account must comply with the provision of U. S. law.

** Please Print Clearly **

Account and Contact Information:

My OIT Account Number: _____

Customer Name: _____
Last Name, First Name

E-mail Address: _____ Contact Phone #: _____

Customer Bank Information:

Depository/Bank Name: _____

Bank Location: _____
City, State

Checking Account Information:

Routing Number: ____-____-____-____-____-____-____-____-____-____

Account Number: ____-____-____-____-____-____-____-____-____-____-____-____-____-____-____-____

Name of Bank Account Holder
(If different from Customer Name): _____
Last Name First Name

My (our) signature below indicates that this authorization 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 so to afford company and depository a reasonable opportunity to act on it. In addition, my (our) signature indicates that I (we) accept any penalties or fees that may be charged by company due to insufficient funds in my depository/bank account at time the debit payment transaction takes place. I (we) also understand that, if at any time during the billing month I (we) exceed my (our) OIT credit limit, I (we) will need to make an additional payment to company in another manner (*i.e., check, money order, major credit card*) to restore service and bring my (our) OIT account below the credit limit.

Customer's Signature: _____ Date: _____

Bank Account Holder's Signature
(Required if different from Customer Name): _____ Date: _____

Form Mailing Instructions:

Your completed form, along with a **blank, voided personal check** that contains your pre-printed bank information must be mailed to: **OIT, Billing Div., 320 W. 8th Avenue, Columbus, Ohio 43201**. Please remember to adhere the correct postage before mailing the envelope.