



ELECTRONIC PAYMENT AUTHORIZATION (EPA)

Company Name

Company Identification Number

PRE AUTHORIZED PAYMENTS

I (We) hereby authorize CSU FULLERTON AUXILIARY SERVICES CORPORATION, hereinafter called EUWHCUE, to initiate debit entries to my (our) Checking account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

AUTOMATIC DEPOSITS

I (We) hereby authorize CSU FULLERTON AUXILIARY SERVICES CORPORATION, hereinafter called EUWHCUE, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name

Branch

City

State

Zip

Routing Number/ ABA Number

Account Number

Account Type:

Checking

Savings

This authority is to remain in full force and effect until EUWHCUE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford EUWHCUE and DEPOSITORY a reasonable opportunity to act on it.

Depository Name

Branch

City

State

Zip