

Southern Regional Education Board

Authorization Agreement for Automatic Deposits

I (we) hereby authorize the Southern Regional Education Board, herein after called "SREB", to initiate credit entries or debit corrections to my (our) checking account indicated below and the depository named below, hereinafter called "Depository", to credit the same to such account.

"Depository"(Bank) Name _____
Branch _____
City _____ State _____ Zip _____
Bank Transit/ABA Number _____
Account Number _____

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

Name(s)	Social Security/ID Number(s)
_____	_____
_____	_____

Signature(s)	Date
_____	_____
_____	_____

NOTE:
Attach a **VOIDED CHECK** from this account to verify the ABA Transit Numbers and Account Numbers. SREB also requires that a photocopy of your social security card be on file in order to disburse funding. If you have not previously provided to SREB a photocopy of your card, attach it to this form.

Complete and mail to:
Southern Regional Education Board
SREB- State Doctoral Scholars Program
592 Tenth Street, NW
Atlanta, GA 30318