AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

ORIGINATION OF ACH ENTRIES (ACH DEBITS OR CREDITS)

I hereby authorize IUP Research Institute, to initiate automated clearinghouse entries to my account.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Name:	
Signature:	
Date:	
Bank Name:	
Routing #:	
Account #:	
	Checking Account
	Savings Account