

WASHINGTON ADVENTIST UNIVERSITY
Collection Services Department
7600 Flower Avenue
Takoma Park, MD 20912
(301) 891-4497
(301) 891-4483 fax

Dear Sir/Madam:

Thank you for agreeing to make payment on the account designated below by authorizing WAU to issue a check on your behalf. This check will be written against your account just as if you had written it from your checkbook. We will send you a copy of the instrument we prepare on your behalf, and your bank will process the cancelled check in the same manner as all of your other checks.

Please sign below authorizing us to write this check on your behalf, and fax us a *copy of one of your checks from said account marked VOID* along with a copy of this signed form **as soon as possible at 301-891-4483 attn Director of Collection Services**. If you have additional questions about this form, contact the WAU Department of Collection Services at 301-891-4497.

CHECK WRITING AUTHORIZATION

I authorize Washington Adventist University (WAU), and Educational Computer Systems, Inc. (ECSI) on behalf of WAU, to make a create a draft drawn on my checking or share draft account set forth below in the amount of \$_____ for application against the account of:

Student Name: _____; **Acct. Type:** _____; **SSN:**
_____.

Account Information:

Account Holder Name on checks: _____

Account Holder Address: _____

Account Holder Phone Number: _____

Account Number: _____

Check Number to be used: _____

Bank Name on checks: _____

Bank Address: _____

Bank Phone Number: _____

Bank Transit or ABA Number: _____

I agree to be personally liable to WAU for this amount; and in the event said check is dishonored for any reason I further agree to pay all reasonable attorney's fees and/or other collection costs which WAU may incur in the collection of this sum, including without limitation all court costs. In case of suit, I agree that venue and personal jurisdiction shall be in Montgomery County, MD.

Account Signatory - SIGNATURE

Date

Account Signatory - PRINTED NAME