

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Students Opting 4 Success LLC. to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until Students Opting 4 Success LLC. is notified by me (us) in writing to cancel it in such time as to afford MIDFLORIDA Credit Union and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Account Holder Name - PLEASE PRINT)

(Account Holder Address - PLEASE PRINT)

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____
(Look between these symbols | : | on the bottom left of your check)

(Authorized Signature)

(Date)

ATTACH A VOIDED CHECK TO THIS FORM