

**Debit Authorization**

I (we) hereby authorize Delta Theta Tau Sorority, Inc., hereinafter called COMPANY, to initiate debit entries to our account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for the annual dues on our Form 1, Chapter Registration. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: \_\_\_ Checking \_\_\_ Savings

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

\_\_\_\_\_  
(Chapter Name, City, State)

\_\_\_\_\_  
(President Signature)

\_\_\_\_\_  
(e-mail address)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**