ACH ORIGINATION AGREEMENT

CREDIT / DEBIT AUTHORIZATION FORM

Alpha Psi Alumni Association of the Theta Xi Fraternity
First Bank, Creve Coeur, MO
Account #9850814997 (include on Memo line of check)

I (we) hereby authorize The Alpha Psi Alumni Association of the Theta Xi Fraternity to initiate entries in my (our) checking / savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited / debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____
Name of Financial Institution Branch

_____ _____
Address City, State Zip

_____ _____
Routing # Account # Checking Savings
Circle One

_____ _____
Print Individual's Name Signature

_____ _____
Print Individual's ID Number Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

ALPHA PSI ALUMNI ASSOCIATION OF THE THETA XI FRATERNITY
Mail all forms and checks to:
c/o John E. Meyer '92, AΨ433 - 1751 Chestnut Farms Ct. Fenton, MO 63026-2284