



MONTHLY ACH PAYMENT AUTHORIZATION

Student ID# _____ Student Name (please print) _____

Payments will be automatically deducted from your checking or savings account by authorizing an ACH (automated clearing house) charge. Processing of the monthly payments can occur on the 10th or the 25th of each month for the duration of the current academic year. Please complete the information below indicating your payment date and return to the Business Office.

Bank Name _____

Bank Routing or ABA number _____

Checking account # _____ or Savings account # _____

Name on account _____

Amount to be debited \$ _____ 10th or 25th of each month (circle one)

I have completed the information above and give my authorization:

Guarantor's signature _____ **date** _____

(Please print)

Guarantor's name: _____

Guarantor's address: _____
Street City State Zip

Guarantor's phone number: _____ for questions regarding ACH information

OFFICE USE ONLY: Received: _____ ACH entered: _____ Worksheet updated: _____