

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. The first payment will be processed on **July 15th**, with subsequent monthly payments occurring on the **1st of each month** for the duration of the current academic year. Please complete the information below and return to the Business Office at cashier@bluffton.edu or mail to 1 University Dr, Bluffton, OH 45817.

Bank Name _____

Bank Routing or ABA number _____

Checking account # _____ or Savings account # _____

Name on account _____

Amount to be debited \$ _____ 1st of each month

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: _____
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