

Andrews University
Student Financial Services
Electronic Funds Transfer Authorization Form

Andrews University Account Information

Student's Name		AU ID #	
Student's Name		AU ID #	
Student's Name		AU ID #	

Bank Account Information

Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Account	
Name of Bank	
Routing Number	
Account Number	

EFT Processing Time

Start Date	
End Date	

Payment Dates & Amounts

<input type="checkbox"/> First Friday of each month	ID1:	ID2:	ID3:
	\$:	\$:	\$:
<input type="checkbox"/> Third Friday of each month	ID1:	ID2:	ID3:
	\$:	\$:	\$:
<input type="checkbox"/> Other _____	ID1:	ID2:	ID3:
	\$:	\$:	\$:

I authorize my bank to deduct the following payment automatically from my check or savings account as outlined below. I agree that I may be charged a fee if the funds are not available at the time of the scheduled payment due date. By submitting this form, I agree to all of the terms and conditions stated above. I understand that this authorization form constitutes my commitment to have the necessary funds available in my account on the dates listed below.

► Signature _____

Date _____

Complete the above authorization form. Make a copy for your records. Enclose a voided blank check or savings account deposit slip. To discontinue EFT, please contact the SFS Collections Manager at 269-471-3593. Please allow sufficient processing time (minimum 5 business days) to cancel this plan in whole or in part.