Andrews University
STUDENT FINANCIAL SERVICES

ELECTRONIC FUNDS TRANSFER FORM

ACCOUNT INFORMATION

STUDENT NAME _____ **AU ID #** _____

STUDENT NAME _____ **AU ID #** _____

STUDENT NAME _____ **AU ID #** _____

PAYMENT DATES & AMOUNTS

ID#			
DATE			
AMOUNT	$	$	$

Ex. 1st Friday, 3rd Friday, 25th month

►**EFT PROCESSING TIME** **Start Date** _____ **End Date** _____

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 Office Manager at 269-471-6585. Please allow sufficient processing time (minimum 5 business days) to cancel this plan in whole or in part.

BANK ACCOUNT INFORMATION

Shred after contract is completed.

ACCOUNT TYPE ☐ Checking ☐ Savings

NAME ON ACCOUNT _____

NAME OF BANK _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

Student Financial Services Collections
4150 Administration Drive
Berrien Springs, MI 49104-0750
Phone: 269.471.3593 Fax: 269.471.3228 Email: sfs@andrews.edu