

**ACCOUNT INFORMATION**

Student's Name \_\_\_\_\_ AU ID # \_\_\_\_\_  
Student's Name \_\_\_\_\_ AU ID # \_\_\_\_\_  
Student's Name \_\_\_\_\_ AU ID # \_\_\_\_\_

**PAYMENT DATES & AMOUNTS**

ID#			
DATE			
AMOUNT	\$	\$	\$

Ex. 1<sup>st</sup> Friday, 3<sup>rd</sup> Friday, 25<sup>th</sup> month

► **AUTO CHARGE PROCESSING TIME** Start Date \_\_\_\_\_ End Date \_\_\_\_\_

I authorize Andrews University to deduct the following payment automatically from my bank 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 herein. I understand that this authorization form constitutes my commitment to have the necessary funds available in my account on the dates listed above.

► **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Complete the above authorization form. Make a copy for your records. To discontinue, 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 ☐ Credit ☐ Debit

Name on Account \_\_\_\_\_

Name of Bank \_\_\_\_\_

Card Numbers \_\_\_\_\_

Expiry date/Security Code \_\_\_\_\_

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