

1200 W. University Ave. • Mitchell, SD 57301-4398 • 605-995-2600 • www.dwu.edu

ACH – Auto Payment Enrollment Form

STUDENT NAME			STUDENT ID		
MAILING ADDRESS					
CITY & ZIP CODE					
					1
Amount Per Month		_	Month/Year XXXX)		
Requested Processing D Payments can process on the	Date : • 1 st or 15 th of each month unle	ess specially o	approved by the Busines	ss Office.	
CHECKING ACCOUNT	SAVINGS AC	COUNT			
ACCOUNT NUMBER					
ABA/ROUTING NUMBI	ER]
CREDIT/DEBIT CARD					-
CARD NUMBER					-
EXPIRATION DATE					-
3 DIGIT CODE]
PLEASE READ AND SIGN					
outstanding amounts at the end date" above if possible. Transac the requested day falls on a holi	st estimations from future semes I of the year which are not paid for ctions are subject to delays betwood iday or weekend. A one-time pay or diplomas if the student still has	or by the paymeen banking in yment or paym	nent plan. Transactions w stitutions. Transactions w nent plan does not allow s	ill take place on the "rewill take place on the ne	quested processing xt business day if
I agree to the above terms and o	conditions and authorize Dakota	Wesleyan Univ	versity to deduct from the	account listed above fo	or the amount
NAME ON ACCOUNT (P	RINTED):				
SIGNED:	DATE:				