



## ACH - Auto Payment Enrollment Form

Student Name		Student ID #	
Mailing Address Street, Town			
Mailing Address City, Zip			

Amount Per Month	\$		Starting Month/Year (XX/XXXX)
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Requested Processing Date: \_\_\_\_\_

*Payments can process on the 1<sup>st</sup>, 15<sup>th</sup>, or 28<sup>th</sup> of each month unless specially approved by the business office.*

Checking Account  Savings Account

Account #	
ABA/Routing #	

Credit/Debit Card

Card #	
Expiration Date	
3 digit code on back	

PLEASE READ AND SIGN

Payment plans DO NOT run between academic years. Payments must be complete prior to the following academic year. Payment plans must combine the entire academic year or be paid in full prior to the end of the academic semester. Payment plans may take into account cost estimations from future semesters. Future costs are subject to change and students are responsible for any outstanding amounts at the end of the year which are not paid for by the payment plan. Transactions will take place on the "requested processing date" above if possible. Transactions are subject to delays between banking institutions. Transactions will take place on the next business day if the requested day falls on a holiday or weekend. A payment plan does not allow students to receive official university documents such as transcripts or diplomas if the student still has an outstanding balance.

I agree to the above terms and authorize Dakota Wesleyan University to deduct from the account listed above for the amount listed above.

**Name on Account Listed Above (Printed)** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Business Office Use Only: Term 1* \_\_\_\_\_ *Term 2* \_\_\_\_\_ *Date:* \_\_\_\_\_