

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT EARLHAM DIRECTPAY

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

Name of Bank Account Holder \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

**\*\* Please see information sheet to help complete this form.**

Please Select Plan: 10 month (July-April), 5 month (July -Nov), 5 month (Dec-April)

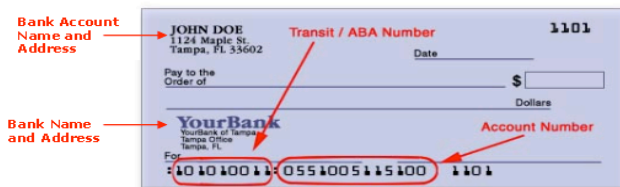
Number of Payments to be withdrawn: \_\_\_\_\_ (should be 10 or 5 unless starting plan late)

Please circle date of month you would like withdrawal: 1st 5th 15th 25th 30th

Date plan should begin: \_\_\_\_\_ (should be July or December unless starting late)

Monthly Payment Amount to be withdrawn from my account: \$ \_\_\_\_\_

**\*\* Students accounts will be credited each semester for half of the total plan amount. If the length of your payment plan is not ten months, your account will be credited based on your monthly payment amount times the number of remaining payments for that semester.**



Name of Financial Institution \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Circle One: Checking or Savings**

I authorize **EARLHAM COLLEGE** and the financial institution named above to initiate ACH entries to my checking/ savings account each month to be applied to the above student's account as payment. This authority will remain in effect until I notify the Earlham College Accounting Office, in writing, to cancel it. Cancellation requests must be in such time to afford the financial institution a reasonable opportunity (three business days) to act on it. I can stop payment of an entry by notifying Earlham College three (3) business days before my account is to be charged. If a charge to my account is returned unpaid, **EARLHAM COLLEGE** may charge the student's account the returned item plus a returned item fee of \$20.

**Note:** The monthly withdraws will continue each month as scheduled, even if the student's account has a credit or zero balance. It is your responsibility to lower or increase withdrawals to match the balance due on the student's account if you desire to do so. If you would like the payments to stop, increase or decrease, you must notify the Earlham Accounting Office. It will not happen automatically.

\_\_\_\_\_  
Signature of Bank Account Holder

\_\_\_\_\_  
Date

- \* A non-refundable fee of \$40 is required to activate the payment plan.
- \* You must submit a voided check with this agreement

Please send this Authorization Form, the \$40 Activation Fee and Voided Check to:  
Earlham College  
Accounting Drawer #201  
801 National Road West  
Richmond, IN 47374