

Earlham College DirectPay Payment Plan Correction Form

Please complete this form to make any changes to your current Earlham DirectPay Agreement. **Please note that we must receive any changes three (3) days prior to your scheduled payment date.** A signature is required for any changes to be made. The signature must be the Bank Account Holder.

Student Name _____ Student ID# _____

Bank Account Holder Name (Please Print) _____

Please stop all ACH entries to my checking/savings account.
(This will begin with the next scheduled payment date.)

Making a change to the monthly payment amount.

Current Monthly Payment \$ _____.

New Monthly Payment Amount \$ _____.

Please begin new deduction amount on _____.
(Date)

Changing Bank/Account Information

Name of Financial Institution/Branch _____.

Address of Bank _____.

Account Number _____ Checking/Savings

ABA Number _____.

*We must receive a copy of voided check or deposit slip with above bank information to make change.

Signature of Bank Account Holder

Date

Send completed forms to:
Earlham College
Attn: Student Accounts #201
801 National Road West
Richmond, IN 47374

Questions about this form,
you can contact Mandy Roell at:
(765) 983-1333 or
roellma@earlham.edu