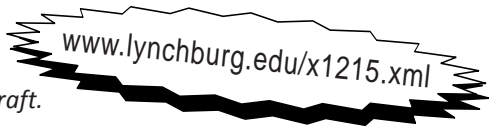


LYNCHBURG COLLEGE BANK DRAFT AUTHORIZATION

Please complete this card if you have selected the monthly payment plan.

NOTE: Complete a separate authorization card for each account you are paying through bank draft.



Bank Account Holder Name: _____

Social Security Number: _____

Your E-mail Address: _____

Checking Account Number: _____

Bank Routing Number: _____

Bank Name & Address: _____

Lynchburg College is authorized to draft my checking account on the 15th of every month for the account named herein in the amount of my monthly payment from _____ until * _____. Amount of monthly payment: \$ _____

The total amount due on the account will be drafted for the month of June.

Your Checking Account Signature: _____

<p style="text-align: center;"><u>STUDENT INFORMATION</u></p> <p>Full Name of Student (person whose bill you are paying): _____</p> <p>Student's Date of Birth: _____</p> <p style="text-align: center;">* PLEASE ATTACH A VOIDED CHECK! *</p>

Today's Date: _____ Daytime Phone #: _____

**Payments are until June 15, except for graduating seniors whose payments end on April 15.*

*** NOTE: This card must reach the Business Office by July 15th to be processed on July 25th. *
Subsequent drafts will be processed on the 15th of each month.**