

UNIVERSITY OF LYNCHBURG 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: _____

***** SECTION BELOW MUST BE COMPLETED BEFORE YOUR BANK DRAFT WILL BE PROCESSED *****

University of Lynchburg is authorized to draft my checking account on the 20th 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: _____

STUDENT INFORMATION

Full Name of Student (person whose bill you are paying):

Student's Date of Birth: _____

*** PLEASE ATTACH A VOIDED CHECK! ***

**Payments are until June 20th, except for graduating seniors whose payments end on April 20th.*

Today's Date: _____ Daytime Phone #: _____

*** NOTE: This card must reach the Business Office by July 20th to be processed on July 25th. *
Subsequent drafts will be processed on the 20th of each month.**