

# 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: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

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

Bank Routing Number: \_\_\_\_\_

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

The University of Lynchburg is authorized to draft my checking account on the 20<sup>th</sup> 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.\***

<p><b>STUDENT INFORMATION</b></p> <p>Full Name of Student (person whose bill you are paying): _____</p> <p>Student's Date of Birth: _____</p> <p><b>* PLEASE ATTACH A VOIDED CHECK! *</b></p>
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*\*Payments are until June 20<sup>th</sup>, except for graduating seniors whose payments end on April 20<sup>th</sup>.*

Your Checking Account Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

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