

KANSAS WESLEYAN UNIVERSITY

Enrollment and Financial Services, PH285, 100 E. Claflin, Salina, KS 67401

Telephone: (800) 874-1154 or (785) 827-5541, ext. 1260 FAX: (785) 404-1485 E-mail: finaid@kwu.edu

AUTOMATIC BANK DRAFT PROGRAM

Student's Last Name

First Name

Student's Social Security Number

I authorize Kansas Wesleyan University to deduct tuition and other educational costs from my checking account. For those students receiving financial assistance, the Cost Worksheet attached to the Award Notice will assist in determining the amount for the Automatic Bank Draft Program for each semester.

I understand the payment deductions will occur on the following dates:

Fall Semester, 2009

- 1st Bank Draft – September 4, 2009
- 2nd Bank Draft – October 5, 2009
- 3rd Bank Draft – November 5, 2009
- 4th Bank Draft – December 5, 2009

Spring Semester, 2010

- 1st Bank Draft – January 15, 2010
- 2nd Bank Draft – March 5, 2010
- 3rd Bank Draft – April 5, 2010
- 4th Bank Draft – May 5, 2010

I understand I may discontinue the program at any time by contacting the Business Office at Kansas Wesleyan University. This action may cause termination of classroom, residence hall, and cafeteria privileges. The automatic bank draft fee is \$25 each semester. A \$10 fee will be charged for payments delayed beyond the publicized due date.

Continue to use the same bank account information as used in previous terms.

New account information—complete the following bank account information.

PLEASE ATTACH A COPY OF CHECK OR VOIDED CHECK.

Bank Account Information

Print Name (as it appears on Checking Account)

Signature

Date

Address

Name of Bank

City

State

Zip Code

Location of Bank (City and State)

Daytime Phone Number of Account Holder