

# KANSAS WESLEYAN UNIVERSITY

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

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## 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, 2010

- 1<sup>st</sup> Bank Draft – September 6, 2010
- 2<sup>nd</sup> Bank Draft – October 6, 2010
- 3<sup>rd</sup> Bank Draft – November 6, 2010
- 4<sup>th</sup> Bank Draft – December 6, 2010

### Spring Semester, 2011

- 1<sup>st</sup> Bank Draft – January 24, 2011
- 2<sup>nd</sup> Bank Draft – March 6, 2011
- 3<sup>rd</sup> Bank Draft – April 6, 2011
- 4<sup>th</sup> Bank Draft – May 6, 2011

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