



WESTERN
ILLINOIS
UNIVERSITY

State of Illinois
Western Illinois University

Authorization for Automatic Withdrawal of Recurring Payments
(Perkins)

A. <u>Borrower Name</u>				B. <u>Borrower WIU ID# or SSN</u>			
C. <u>Street Address of Borrower</u>				D. <u>Borrower Email Address</u>			
<u>City</u>		<u>State</u>		<u>Zip</u>			
<u>Phone</u>				E. <u>Check One:</u> ____ Checking Account ____ Savings Account			
F. <u>Name of Financial Institution</u>				G. <u>Name on Bank Account</u>			
H. <u>Street Address of Financial Institution</u>				I. Amount to be withdrawn each month: _____			
<u>City</u>		<u>State</u>		<u>Zip</u>		J. Month of First Withdrawal: _____	
K. <u>Transit/Routing Number</u>				L. <u>Bank Account Number</u>			
I authorize and request Western Illinois University to initiate automatic withdraw (ACH Debits) from my account on the first of the month to be applied to my Perkins account. This authorization is to remain in full force and effect until the account is paid in full or the authorizing person named below has given 30 days written notification of termination to the Billing and Receivables Office at WIU. If the payment is more than the payoff amount, WIU will take the lesser amount. Completed forms received in our office by the 20th of the month will result in deduction on the first of the following month. If funds are not available, you will be assessed a \$25.00 ACH returned service charge.							
M. <u>Signature</u>				N. <u>Date</u>			

****Please attach a voided check****

To be completed by depository financial institution	
_____ Financial Institution Name, City	_____ Bank Transit Routing Number
_____ Account Holder Name	_____ Account Number
_____ Bank Official Signature	_____ Phone Number