

Student Name: Last _____ First _____ MI _____

Millsaps ID # _____

BANK DRAFT payments and terms for the 2012-2013 academic year:

Monthly Payment Amount \$ _____

Millsaps College will not increase the monthly payment without your approval.

Payment Plan term is from June 2012 – March 2013.

BANK DRAFT AUTHORIZATION:

I hereby authorize Millsaps College to initiate electronic bank draft from my/our checking or savings account indicated below. I understand that my account will be drafted on the 5th day of each month beginning June 5, 2012, and ending March 5, 2013. I understand a voided check must be furnished to initiate this process.

Account Holder: Name _____ Home phone _____ Work phone _____ E-mail address _____

Account Holder: Address _____ City _____ State _____ Zip _____

Attach voided check here

Bank Name _____

City _____ State _____ Zip _____

Bank phone # _____

Bank contact _____

Routing # (Coded numbers at bottom left of check)

Account # _____

Type: Checking () Savings ()

I hereby agree to the terms and conditions set forth for the Agreement and will make monthly payments as indicated above.

I agree to pay any and all attorney's fees and other reasonable collection costs and charges necessary for the collection of the amount not paid when due.

Student signature _____

Date _____

Signature of responsible party/account holder _____

Signature of responsible party/account holder _____

PLEASE RETURN COMPLETED FORM TO THE BUSINESS OFFICE