

Bursar's Office
Auto-Payment Form

(Please print)

Student's Name _____ Student's I.D. Number _____

Student's Address _____

Account holder's Name _____

Account holder's Address _____

E-Mail Address _____

Daytime Phone Number (____) ____ - ____ Evening Phone Number (____) ____ - ____

Indicate the amount of payment:

Please deduct \$ _____ from the account indicated below as payment for tuition and fees and/or other account charges monthly on a recurring basis on the 5th or 20th **(circle one)** of the month (or the next business day) until the balance of \$ _____ is paid in full.

Indicate the type of account:

Circle type of account: Checking Savings

(Attach a voided check or deposit slip. If faxing or emailing form, please send a copy of voided check or deposit slip)

Bank Routing Number _____ Account Number _____

I authorize Southern Illinois University Carbondale (SIUC) to deduct/charge the above referenced amount on the date indicated above. I also understand that I can stop an automatic payment because of a dispute over the amount by calling the Bursar's Office (618) 453-2166 at least five (5) working days before the payment is scheduled. If I decide to change banks or discontinue this payment service, I will notify SIUC. I consider this automatic payment to be equivalent to a check drafted by me and agree to accept responsibility for paying any return check fees caused by insufficient funds in my account and authorize SIUC to add such fees to my bursar account. Further, SIUC is not liable for any charges that your bank imposes on you as a result of your account being in an overdraft position, or below daily or monthly minimum required balance, or any other charges, as a result of this automatic payment being deducted from your checking/savings account.

By signing this form, I agree that I owe the above listed account and that failure to pay may result in further sanctions including, service charge, withholding of transcript/diploma, and placement with a collection agency where I will be responsible for all associated collection costs up to thirty-percent assessed to my account.

Student's Signature _____ Date _____

Account Holder's Signature: _____ Date _____