



2001 S Summit Avenue, Sioux Falls SD 57197

Make Your Student Account Payment Electronically!

Augustana University realizes that educational expenses are easier to budget when spread over monthly payments. As a service to our students and/or their families, Augustana University offers an ACH (Automatic Clearing House) Plan to pay annual university costs.

To enroll, simply fill out the authorization agreement below and return it to the Business Office along with a **VOIDED check** from the account you wish us to debit on or before 15th of the month previous to starting ACH payments. We will then charge that account for the amount indicated each month.

The fee for participating in the monthly tuition payment plan is \$75.00 per year, with no monthly interest being charged on the ACH Total. This fee will be incorporated into the payment plan. A service fee of \$30.00 will be imposed on any returned/refused transactions (i.e. NSF, etc.).

If the actual charges exceed the monthly payments, you must pay those additional charges to Augustana University at the beginning of each semester or as soon as they are incurred. Interest will accrue on all past-due student account balances that are in excess of the ACH total.

AUTHORIZATION FOR DIRECT PAYMENT

Student Name _____ **Student ID Number** _____

I authorize Augustana University and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect for the term of the plan. Notification of account number changes, payment date changes, or cancellations must be received at least two weeks prior to the scheduled payment. Failure to allow two weeks notification may result in fees imposed by Augustana University and/or the financial institution.

(Name of Financial Institution)		(Branch)
(City)	(State)	(ZIP Code)
(Signature)		(Date)
(Name - please print)		(Phone Number)
(Address - please print)		(Email Address)
Account No. _____	Checking _____	Savings _____
Financial Institution Routing Number _____		
Beginning Month _____	Ending Month _____	
Monthly Payment Amount \$ _____	Pay Date 1st or 15th	
(usually calculated by institution)	(Circle day of month for withdrawal)	

Fax Form to (605) 274-4450