



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>		E. <u>Check One:</u>							
<u>Phone</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								I. Amount to be withdrawn each month: _____							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 <b>20th</b> 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

