

I authorize Newman Foundation at the University of Illinois to debit my bank account on or about the 1st day of the month (September 2011, November 2011, and February 2012) in the amount of: (Please circle amount to debit below.)

Room Type

	North Double Suite	North Single Suite	North Private Single	South Double	South Single
20 Meal Rate					
3 Equal Remaining Payments	\$3,037.50	\$3,287.50	\$3,450.00	\$2,775.00	\$ 3,000.00
14 Meal Rate					
3 Equal Remaining Payments	\$ 2,937.50	\$ 3,187.50	\$3,350.00	\$2,675.00	\$2,900.00

This authorization is valid for the 2011/2012 school year only.

Signature _____ Date _____

Student's Name _____
(Please print)

Account Holder Name _____
(Please print)

Bank name _____

Bank routing # _____

Account # _____

Attach voided check here

Checking Account

Savings Account

Send completed paperwork to:
Karen Semple
Newman Hall Business Manager
604 E. Armory Avenue
Champaign, IL 61820
217-255-6615 (phone)
217-255-6687 (fax)