

NEWMAN HALL

at St. John's Catholic Newman Center

I authorize Newman Foundation at the University of Illinois to debit my bank account on or about the 1st day of the month (June 2018, September 2018, November 2018, and February 2019) in the amount of: (Please circle amount to debit below.)

	<u>Room Type</u>				
	North Double Suite	North Single Suite	North Private Single	South Double	South Single
20 Meal Rate 4 Equal Payments	\$3,506.25	\$3,781.25	\$3,806.25	\$3,181.25	\$3,531.25
14 Meal Rate 4 Equal Payments	\$ 3,406.25	\$ 3,681.25	\$3,706.25	\$3,081.25	\$3,431.25

A \$35 service fee will be assessed for any ACH debit reversed for non-sufficient funds.

This authorization is valid for the 2018/2019 school year only.

Signature Date

Resident's Name
(Please print) Account No. (from bill)

Account Holder Name
(Please print)

Bank name

Bank routing #
(9 digits)

Account #

Checking Account

 Savings Account

Send completed paperwork to: **Attach voided check here**
 Cindy Flottmann
 Newman Hall
 604 E. Armory Avenue
 Champaign, IL 61820
 217-255-6687 (Fax)
Business.manager@sjcnc.org (Email)

