

MONTHLY ACH AGREEMENT

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, July 2018, August 2018, September 2018, October 2018, November 2018, December 2018, January 2019, February 2019 and March 2019) 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	\$14,025.00	\$15,125.00	\$15,225.00	\$12,725.00	\$14,125.00
10 Monthly Payments	\$1,402.50	\$1,512.50	\$1,522.50	\$1,272.50	\$1,412.50
14 Meal Rate	\$13,625.00	\$14,725.00	\$14,825.00	\$12,325.00	\$13,725.00
10 Monthly Payments	\$1,362.50	\$1,472.50	\$1,482.50	\$1,232.50	\$1,372.50

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 Business Manager
 604 E. Armory Avenue
 Champaign, IL 61820
 217-255-6687 (Fax)
Business.manager@sjcnc.org (Email)

