

TEN MONTH 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 2019, July 2019, August 2019, September 2019, October 2019, November 2019, December 2019, January 2020, February 2020 and March 2020) 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 10 Equal Payments	\$1,430.00	\$1,542.50	\$1,552.50	\$1,297.50	\$1,440.00
14 Meal Rate 10 Equal Payments	\$1,390.00	\$1,502.50	\$1,512.50	\$1,257.50	\$1,400.00

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

This authorization is valid for the 2019/2020 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**

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