



This form is used for authorizing Transylvania University to withdraw Bagby and/or Schell Loan payments directly from your bank account each month.

Name: _____ Account Holder ID: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Loan: Bagby Schell

Start Date: (mm/yy) _____ / _____ **(withdrawals will be made on the last business day each month)**

Type of account: Checking Savings Monthly Amount: \$ _____

Bank Name: _____

Routing No. (9 Digits): _____ Account No. : _____

If withdrawal is from your checking account, please attach copy of **VOIDED** check - see example below



AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize and request Transylvania University to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request my bank to accept debit entries initiated by Transylvania University to such account. It is understood that this agreement may be terminated by me at any time by written notification to Transylvania University. Any such notification to Transylvania University shall be effective only with respect to entries initiated by Transylvania University after receipt of such notification and a reasonable opportunity to act on it.

Signature: _____ Date: _____

Please return form to:

Accounting Office, Old Morrison Room 100, Transylvania University, 300 N. Broadway, Lexington, KY 40508
(859) 233-8150, Fax (859) 281-3506 E-mail: billing@transy.edu