CMU ECHECK AUTHORIZATION FORM

Caribbean Medical University

Campus: Pater Euwensweg 25, Willemstad, Curacao • Phone: (5999) 461-5668
Finance Department: 5600 N River Road Suite 800 • Des Plaines, Illinois 60018 United States
Phone: (888) 877-4268 • Fax: (224) 499-7454 • Email: finance@cmumed.org • Web: http://www.cmumed.org

Complete this form in order to submit a one time payment through E-Check (Automated Clearing House) All information entered on this form will be kept strictly confidential. Please print out, complete this authorization form and return it to the Finance Department by fax, email or regular mail. By signing this form you authorize Caribbean Medical University to charge your banking account for the amount specified below.

STUDENT INFORMATION

Student Name: _____
Last Name *First Name* *Middle Name*

Student ID Number __ __ __ Current Enrollment: ___
As appears on ID card *Program - Semester*

ACCOUNT HOLDER INFORMATION

Name: _____
Last Name *First Name* *Middle Name*

Address: _____ ( ) _____
Number and street or rural route *Apt. No.* *Area Code* *Phone Number*

_____
City or Town *State* *Zip Code* *Country*

BANK ACCOUNT INFORMATION

Bank Account Number

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Routing Number *

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Account Type

☐ Checking ☐ Savings

Authorized Amount

☐☐☐☐ . ☐☐ (in U.S. dollars)

** nine digit ABA routing number*

AUTHORIZATION

I AGREE TO PAY ABOVE AMOUNT ACCORDING TO BANK ACCOUNT AGREEMENT

Being the account holder of the aforementioned bank, by signing below I understand and agree to pay, and specifically authorize Caribbean Medical University to charge the bank account for the university services provided. I will be liable to pay an NSF fee of $25.00 (or the amount allowable by law), which may be automatically debited for each NSF. I have received and accepted an itemized tuition statement detailing all of the current charges and credits applied to student's account. This payment authorization is valid and to remain in effect unless I notify the CMU Finance Department of its cancellation by sending written notice by email to finance@cmumed.org or by fax at (302) 397-2092.

Account Holder's Signature: _____ Date: __ __ / __ __ / __ __

REV. 10/19