



UNIVERSITY  
OF  
SAINT MARY  
OF THE LAKE

# AUTO DEBIT AUTHORIZATION FORM

Your Name: \_\_\_\_\_ Program: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Semester: \_\_\_\_\_

Please see the two options below for auto debit. Please select and enter the information on one of two options:

*(Example, if you select option 2 for Bank Account then put N/A in all the boxes on option 1 - Credit Card. Same applies if you select Option 1 for Credit Card, then put N/A in all the boxes on option 2 - Bank Account)*

Credit Card: *(Note: an additional 3% will be assessed to each monthly payment)*

1. Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

Name on the Card: \_\_\_\_\_

## Bank Account

2. Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Account Type (Select One): Savings \_\_\_\_\_ Checking \_\_\_\_\_

I authorize University of Saint Mary of the Lake Seminary to charge my account a total amount of \$ \_\_\_\_\_. Monthly charge of \$ \_\_\_\_\_.

**Incomplete forms will not be accepted.**

If you have any questions or concerns regarding this form, please contact the business/finance office at 847-970-4806. Or email at AR@usml.edu.