



KUSSI ACH Enrollment Form

Action Requested (check one): NEW CHANGE STOP

RECIPIENT INFORMATION

Name: _____
FIRST NAME M. INITIAL LAST NAME

Address: _____
ADDRESS

_____ CITY _____ STATE _____ ZIP CODE

Phone: _____ - _____ - _____

FINANCIAL INSTITUTION

Account type (check one): Checking Savings

Name: _____
BANK NAME

Routing number: _____
9 DIGIT NUMBER

Account number: _____
ACCT #

Memo _____

⑆000000000⑆ 0000000000⑆

Routing Number **Account Number**

Address: _____
ADDRESS

_____ CITY _____ STATE _____ ZIP CODE

Please provide an email address for payment receipt.

Email Address: _____
EMAIL ADDRESS

I authorize Kutztown University Student Services, Inc. (KUSSI) to process payments owed to me via Automated Clearing House (ACH) deposits. KUSSI shall deposit ACH payments in the financial institution account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or my electronic payment may be erroneously made. I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement. This authorization will remain in full effect until revoked by my written request or until I have been notified of KUSSI or the financial institution's termination of agreement.

Signature: _____
ACCOUNT HOLDER'S SIGNATURE

Date: _____