

Option #3

Automatic Monthly Electronic Payment

Student name: _____ Student ID# _____
Last First MI returning students only

Daytime Phone # () _____

Name on Bank Account: _____

Bank name: _____

Bank address: _____

City _____ State . Zip _____

Bank Account number: _____

Bank Routing number: _____

⇒Authorized Signature on Bank Account: _____ Date: _____

Please attach a voided check or a photocopy of a check to this form for verification of bank information. We will not be able to put your account on the automatic monthly plan without this information.

I authorize CLAREMONT MCKENNA COLLEGE to deduct monthly payments from my checking account. A payment plan service charge of \$100.00 *per semester* is charged to each student's account if the Automatic Monthly Payment Plan is selected. The Automatic Payment Plan consists of 8 installments (4 per semester). The first installment begins on the 20th of August and ends on the 20th of April (there is no payment in December). I also understand that it is my responsibility to inform the Student Accounts Office of any changes in our banking information. All delinquent balances are subject to a 1% late fee per month.

NOTE: All forms are due no later than JUNE 25th.