

POP AUTOMATIC BURSAR BILL PAYMENT

POP

Office of the Bursar
113 Student Union
Stillwater, OK 74078-1014
Fax # (405) 744-4984

STUDENT ACCOUNT INFORMATION

STUDENT'S NAME

-

Month **Begin Deduction**

Month

Year

-

Month **Stop Deduction (optional)**

Month

Year

CWID #

AMOUNT TO WITHDRAW

Draft will occur on the 10th of the month

CHECKING ACCOUNT INFORMATION OR A VOIDED CHECK CAN BE ATTACHED

Attach Voided Check

Institution Name

City

State

Routing Number

Account Number

Checking

Savings

Account Holders Signature

Date

Please indicate above the month you would like your automatic payment to begin and end. Also indicate the amount you would like to withdraw each time.

- I authorize the Office of the Bursar to electronically debit my checking account per the above information.
- I understand it is my responsibility to ensure sufficient funds are available in my bank account to cover my monthly payment.
- I understand if the electronic debit to my bank account has insufficient funds that it will then be handled as a returned item and a \$25.00 returned item fee will be assessed for any electronic debit unpaid by the financial institution.
- I understand it is my responsibility to inform the Office of the Bursar if my bank account has closed or my account number has changed.

I also authorize OSU to initiate any correcting adjusting entries to my bank account. This authority is to remain in effect until OSU has received written notification from me of its termination in such time and in such manner as to afford OSU and the banking facility a reasonable opportunity to act on it. OSU requires 30 days to change the banking facility information.

Signature

Date

Phone Number