

ACH PAYMENT AUTHORIZATION FORM

One-time Recurring Cancellation

Schedule your payment to be automatically deducted from your Checking or Savings Account.

How One Time Payments Work:

You authorize a one-time debit to your Checking/Savings Account.

How Recurring Payments Work:

You authorize monthly scheduled charges to your Checking/Savings Account.

Please complete the information below:

I, _____ authorize the University of Guam to debit my
Account Holder's Full Name
 Checking/Savings Account as indicated below for \$ _____ to start on the 30th of
Amount
 every month. Effective the month of _____. This payment will credit
Month and Year
 _____ for the following semester(s) _____.
Student's Name and ID# Ex: FA16/SP17

◆ *Total amount paid from scheduled payments* \$ _____
Ex: \$2000.00

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Checking/Savings Account Information

Checking Savings

Name on Account _____ Bank Routing # _____
 Bank Name _____ Bank City/State _____
 Account Number _____



A receipt for each payment will be emailed to you.

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify the University of Guam's Bursar's Office in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a rejected ACH Transaction or a denied credit card charge for Non-Sufficient Funds (NSF), I understand that UOG may at its discretion attempt to process the charge again within 5 days. I agree to an additional \$25.00 fee for each attempt returned NSF. This fee will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.