

ACH PAYMENT FORM:

Directions: Print this form, fill it out, sign it, scan it and return via email to dmuszer@hcc.nd.edu or fax it to Attn: Bursar 574-239-8323



**PAYMENT PROGRAM FOR
FALL 2012 & SPRING 2013**

NAME OF BANK: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

CIRCLE ONE: *CHECKING ACCT.* OR *SAVINGS ACCT.*
(attach copy of voided check) or (attach a copy of deposit slip)

	FALL 2012	SPRING 2013
1ST PAYMENT DATE:	SEPTEMBER 1ST	FEBRUARY 1ST
2ND PAYMENT DATE:	OCTOBER 1ST	MARCH 1ST
3RD PAYMENT DATE:	NOVEMBER 1ST	APRIL 1ST

CONTACT INFORMATION

DATE: _____ STUDENT NAME: _____

HOLY CROSS COLLEGE ID NUMBER: _____

ACCOUNT HOLDER INFORMATION:

PRINT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____

HOLY CROSS COLLEGE REPRESENTATIVE

It is preferred but not necessary to attach a voided check or deposit slip with your payment plan information

PAYMENT PLAN REQUIREMENTS: HALF OF YOUR OUT OF POCKET AMOUNT IS DUE IN OUR OFFICE BY AUGUST 1st FOR THE FALL SEMESTER & BY JANUARY 1st FOR SPRING SEMESTER. THE REMAINING HALF WILL BE THE AMOUNT SET UP ON THE PAYMENT PLAN.

“This contains Holy Cross College confidential information and is intended for the persons/entity to which it is addressed.
Any use by others is strictly prohibited.”