



RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payments to be automatically deducted from your checking/savings account. Select your preferred automated payment method and complete the required fields.

Recurring Payments will make your life easier:

- It's convenient – saving you time and postage with no checks to write
- Your payment is always on time, eliminating late charges

Here's How Recurring Payments Work:

You authorize UNISA INC to make an automated clearing house (ACH) debit from your checking/savings account. You will be charged each billing period for the monthly payment due for that period.

Authorization

Yes! Enroll me in automatic recurring payments for my balance.

I DO NOT wish to participate in this program.

Student Information (Please Print)

School Name and/or Campus: _____

Student Name: _____ Last four of SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Home Cell Email Address: _____

Recurring Automated Clearing House (ACH) from Checking/Savings Account Payment

Automated Clearing House (ACH) / Electronic Funds Transfer

Banking Institution: _____ Branch: _____

City: _____ State: _____

Transit/ABA routing No: _____ Account No: _____

Please specify the scheduled amount to be debited (monthly/quarterly payment amount): \$ _____

Note: The recurring Automated Clearing House (ACH) always occurs on the 1st of the month (or the next business day if the 1st is a holiday or weekend).

Student Acknowledgement

By signing below, I hereby authorize UNISA, INC. to initiate recurring monthly payments, including insufficient fund service charges, directly to my checking/savings account as I have indicated. I understand that this is a recurring authorization and will remain in effect until I pay off my balance with UNISA, INC. or until I notify UNISA, INC. with a written cancellation. I also understand that UNISA, INC. can cancel my enrollment in this program at any time.

Printed Student Name

Student Signature

Date