

CC/ACH AUTOMATIC BURSAR BILL PAYMENT

Fax: 405-744-4984

STUDENT ACCOUNT INFORMATION

NAME _____

Month

Year

Month Begin Deduction

Month

Year

Month Stop Deduction (optional)

CWID #

AMOUNT TO WITHDRAW

Draft will occur on the 10th of the month

CREDIT CARD INFORMATION

Visa/MasterCard Number

Card Expiration Date (month/year)

Cardholders Signature _____

Cardholders Name (Please Print) _____

Billing address of Cardholder (street, city, state, zip code) _____

Cardholders Daytime Telephone _____

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

CHECKING ACCOUNT INFORMATION OR A VOIDED CHECK CAN BE ATTACHED

Institution Name _____

City _____

State _____

Routing Number

Account Number

Checking
Savings

Account Holders Signature _____

Date _____

Please indicate the month above 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 ___ credit card or ___ checking account per the above agreement. I understand it is my responsibility to ensure sufficient funds are available on my credit card or in my bank account to cover my installment. I further understand if my credit card is declined or if the electronic debit to my bank account has insufficient funds, a deduction shall not be made. A \$25.00 returned item fee is assessed for any electronic debit unpaid by the financial institution. The payment will then be handled as a returned item. I also understand it is my responsibility to inform the Office of the Bursar if the credit card information I have provided is no longer valid due to the loss, theft, or expiration of the credit card or if my bank account has been closed or my account number has been changed.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 _____