

Electronic Payment Enrollment Form

(please print)

Retiree Name(s) _____
Address _____
City/State/Zip _____
Daytime Phone _____

***** * ***** * *****

To ensure the correct account number and ABA/routing number is used for your Electronic Payment, please contact your financial institution:

ABA/Routing Number: _____

Account Number (choose one): _____

- Checking
- Savings

I authorize the College to deduct my payment(s) from the checking or savings account listed above. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the College.

Signature _____

Print Name _____

PAYEE INFORMATION SECTION TO BE COMPLETED BY YOU FOR ENROLLMENT

Business Office,
Sope College,
PO Box 9000
Lansing, MI 48222-9000