ACH PAYMENT/REFUND REQUEST FORM

Date: _____

Type of request: _____ Student Payment (debit financial institution)

_____ Student Refund (credit financial institution)

Student Name: _____

Campus ID Number: _____

Phone Number: _____

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

Name on Bank Account: _____

Account Type: _____ Checking

_____ Savings

Amount: _____

Signature (authorization): _____

By signing above I authorize Moody Bible Institute to electronically debit or electronically credit the bank account indicated above in accordance with instructions above. I certify that I am the account holder or have authority to affect the account indicated above.

Submit to:

- studentfinancialservices@moody.edu (unless instructed otherwise)
- Phone: 1.312.329.4184