

INSTITUTION

HADDED COLLECE

STUDENT ACH PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to student's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

INFORMATION

HARFER COLLEGE				
ADDRESS		CITY, STATE ZIP		
1200 W ALGONQUIN RD	PALATINE, IL	, IL 60067		
CONTACT				
BUSINESS OFFICE				
TELEPHONE				
847-925-6880				
FAX NUMBER				
847-925-6052				
PAYEE INFORMATION				
STUDENT'S NAME		LAST FOUR DIGITS OF SS#	HARPER ID NUMBER	
ADDRESS		1	<u>I</u>	
CITY, STATE, ZIP				
TELEPHONE NUMBER	PHONE NUMBER		E MAIL ADDRESS (PLEASE PRINT LEGIBLY)	
FINANCIAL INSTITUTION INFORMATION				
NAME OF BANK		Please circle one:		
		CHECKING	SAVINGS	
NINE-DIGIT ROUTING TRANSIT NUMBER		STUDENT'S BANK ACCOUNT N	JUMED	
ININE-DIGIT KOOTIING TKANSIT NUMBEK		STUDENTS DANK ACCOUNT NUMER		
DEPOSITS MUST BE MADE INTO A BANK ACCOUNT SHOWING THE STUDENT'S NAME				
ENROLLMENT FORM WILL NOT BE PROCESSED WITHOUT A VOIDED CHECK				
SIGNATURE		DATE		
IOMB No. 1510-0058		1	SF 3881	
			51 0001	

PLEASE NOTE: It is your responsibility to notify Harper College if your banking information changes.

You will be notified of a deposit into your account via email. Please allow three business days

to reach your banking institution after receiving the notification.