

E-CHECK AUTHORIZATION FORM



Office of Student Accounts, 40 Avon Street, Keene, New Hampshire 03431-3516
Tel 603.283.2490 Fax 603.357.7563 www.antiochne.edu

I authorize Antioch University New England to charge my checking account in the following manner:

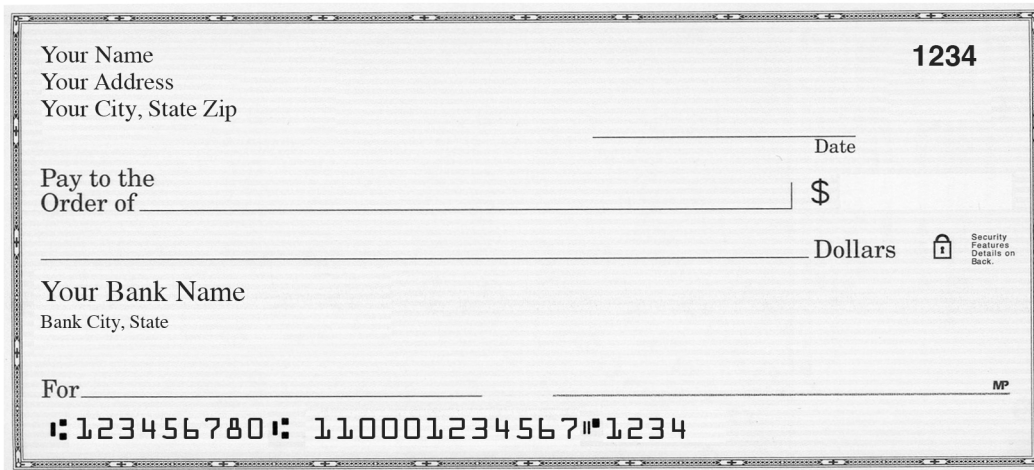
Account Holder's Name *(please print)* _____

Amount \$ _____

Bank's Name _____

Routing Transit Number _____

Payment Account Number _____



Routing Transit #

Account #

Check #

Account Holder's Signature _____ Date _____

Please submit this form to Student Accounts. For more information contact us at 603.283.2490 or studentaccounts.ane@antioch.edu.