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 Ar	ntioch University New England to charge my checking accour	nt in the f	ollowing manner:
Account Holo	ler's Name (please print)		
Amount \$			
Bank's Name			
Routing Tran	sit Number		
Payment Acco	ount Number		
	Your Name Your Address Your City, State Zip Pay to the Order of Your Bank Name Bank City, State For 1: 1234567801: 110001234567111234	Date	1234 Security Features Details on Back.
	Routing Transit # Account # Check #		
Account Holder's Signature			

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