

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 EFT, 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 \_\_\_\_\_

PURSER JOURNAL SECTION TWO  
THE COLLEGE OF MICHIGAN  
YOUR ENROLLMENT

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