



Automatic Electronic Funds Transfer Request

I (We) hereby authorize BSU to automatically initiate debit charges to my bank account and for my bank to accept and post such debit charges indicated below for the payment of all bills rendered to me by BSU.

I (We) understand that BSU will continue to send a bill each month at least 20 days before my bank account is to be charged and that BSU may impose a fee in the event a debit charge is not paid by my bank.

Bank Name: -----
Type of Account: Savings: ----- **Checking:** ----- **Other:** -----
Bank Routing Number: -----
Bank Account Number: -----
Bank Address: -----
City: ----- **State:** ----- **Zip:** -----
Signature: -----

(Please print as it appears on your BSU bill)

Name: -----
Address: -----
City: ----- **State:** ----- **Zip:** -----
Phone Number: -----
Email Address: -----
Location Number(s): L-----
Customer Number(s): C-----
Date: -----

This authority is to remain in effect until BSU has received notification from me of its termination in such a manner as to afford BSU and Bank a reasonable opportunity to act on it. I (We) have the right to stop payment of charges by notifying BSU prior to the time the account has been changed.

Any erroneous or incorrect charges will be corrected upon notification to BSU. If corrections in the debit account are necessary, it may involve a credit or debit to my account.

Please include a voided check for verification of account information.

Please allow 4 weeks for your application to be processed. When you see "AFT-DO NOT PAY" on your statement your account has been setup.

Email, fax or mail this document to:

custserv@bsu.us

239-947-7460

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