



Monthly Automatic Payment Plan

Monthly PSU student account payments can be made automatically through your financial institution (bank, credit union, savings & loan). With automatic deduction you will have written proof of payment and the deduction will appear on your regular checking or savings account statement each month. You will also have reliable and consistent service. Even when you are out of town, your payment will be made automatically. You do not have to contend with payments lost or delayed in the mail, and no postage is required.

To apply for the automatic payment plan complete the ACH Debit Authorization and return it to PSU Bursar/Student Collections Office, PO Box 202, Portland OR 97207-0202. Be sure to keep a copy for your records. You will be notified when the automatic payment plan is active. Until then you must make payments as agreed on your past due account.

If you have questions, please contact us at 503.725.3440. Option 2

Additional information about the Monthly Automatic Payment Plan:

- **Your payment will be deducted on the first working day of the month.**
- If there are insufficient funds in your account on the day of withdrawal a \$25.00 service charge will be added to your PSU account and the automatic payment plan will be stopped.
- If you change bank accounts you must complete another authorization form and allow the PSU Bursar/Student Collections Office sufficient time to act upon the new information.
- You, or Portland State University, may terminate this plan by providing written notification at least ten days prior to the draw date.

ACCOUNTS RECEIVABLE

ACH DEBIT AUTHORIZATION

I, _____, authorize PORTLAND STATE UNIVERSITY to initiate electronic debit entries for payment of my Account # _____ to my:

TYPE OF BANK ACCOUNT:

Checking Savings Business (Check this box only if the checking or savings account is a business account),

I have a Debit Filter or Debit Block on this account. Please contact me with the Company ID that I can provide to my bank to allow this debit to process as authorized.

BANKING INFORMATION:

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY, STATE and POSTAL CODE _____

PAYMENT TO BE WITHDRAWN ON THE 1ST WORKING DAY OF THE MONTH

DATE TRANSFER TO BEGIN _____ (Allow 30 days to set up the plan)

AMOUNT TO TRANSFER _____

!!ATTACH VOIDED UNSIGNED CHECK OR PROOF OF ACCOUNT HERE!!

INTERNATIONAL ACH DETERMINATION: Indicate by checking the box below if you have payment instructions to transfer funds from a Non US Financial Institution to a US Financial Institution explicitly for funding of this debit transaction: (EXAMPLE: US Company is owned by an International Company and there are instructions in place to transfer funds to a US Financial institution specifically to fund this debit transaction.)

I have payment instructions in place with a non US Financial Institution to transfer funds to my US Financial Institution identified above for the specific purpose of funding this recurring debit transaction.

How to Revoke your Authorization:

This authority will remain in effect until I have cancelled it in writing at least 10 days prior to the draw date with PORTLAND STATE UNIVERSITY. BURSAR/STUDENT COLLECTIONS PO Box 202 PORTLAND OR 97207-0202.

Changes to your ACH Direct Debit Authorization:

In order to warrant that payments the State originates through the ACH network comply with all US Laws, the State must rely upon the employee or organization to advise if this debit authorized by you is being funded from a Non US Financial Institution explicitly for the purpose of this payment. Please contact Portland State University Bursar/Student Collections with any changes to your ACH Debit Authorization.

I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Oregon and U.S. law. I authorize Portland State University to transfer my payment from my account on the 1st working day of the month, or on the following business day, if the 1st falls on a weekend or holiday. This plan will automatically terminate when the debt is paid in full. The final debit may be less than the amount authorized if it pays my balance in full.

SIGNATURE _____

DATE _____ PHONE NUMBER _____

CURRENT ADDRESS, CITY,STATE,ZIP: _____