

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 Hope 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 Hope College.

Signature _____

Date _____

PLEASE RETURN THIS SECTION TO
HOPE COLLEGE
TO PROCESS YOUR ENROLLMENT

Business Services
Hope College
PO Box 9000
Holland, MI 49422-9000