

The Cooperative Center for Study Abroad, CCSA  
1906 College Heights Blvd.  
HCIC 3041  
Bowling Green KY 42101  
PHONE: (270)745-4487  
FAX: (270)745-4499

### ACH Payment Authorization Form

Your payment will be automatically deducted from your checking or savings account.  
Complete, sign this form, and return to get started!

You can return via fax (270)745-4499 or scan and email to [finance@ccsa.cc](mailto:finance@ccsa.cc)

#### Here's How ACH Payments Work:

You authorize a single charge to your checking or savings account. You will be charged the amount indicated below. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no additional prior-notification will be provided.

---

#### Please complete the information below:

I \_\_\_\_\_ authorize **CCSA** to charge my bank account  
(account holders full name)  
indicated below for \$ \_\_\_\_\_ for the payment of \_\_\_\_\_  
(amount) (students name)  
study abroad program fees.

Application fee discount code (if applicable): \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:  Checking  Savings

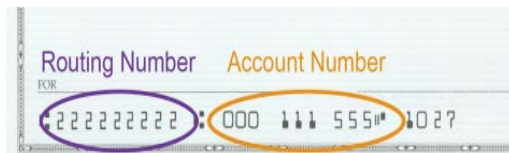
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



***(This information should be from a check only, not a deposit form)***

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will authorize CCSA to charge my account for the amount listed above, and I agree to notify CCSA in writing of any changes in my account information or termination of this authorization at least 5 days prior to the billing date. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as this form is received. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that CCSA may at its discretion attempt to process the charge again, and I agree to an additional charge for each attempt returned NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.