

Electronic Funds Transfer Enrollment Form – Please Print Clearly

AUTO-PAY INFORMATION		ACCOUNT INFORMATION	
<input type="checkbox"/> NEW AUTO-PAY <input type="checkbox"/> UPDATE AUTO-PAY (PLEASE CHECK ONE)		PARENT/ GUARDIAN NAME	
DATE OF FIRST AUTO PAYMENT: ____ / ____ / ____		STUDENT COVERED BY THIS ACCOUNT	
ACCOUNT INFORMATION		<p>By completing this information, I hereby authorize Diventures to initiate financial transactions with the financial institution account listed, as requested by the individual names, for payments of goods and services received. This authorization is to remain in full effect until such time as Diventures is notified in writing.</p> <p>This notification must be received by Diventures at least 30 days prior to the last day of class, effective at the end of a month.</p> <p>I certify that I am an authorized user of this account. The information presented is true and correct. I understand that by using Diventures Auto Enrollment payment process I will no longer receive remittance advises from Diventures for transactions initiated. I am instead to contact my financial institution which has the capability to receive such information. I am solely responsible for any fees assessed by my financial institution for their services.</p> <p>I agree to notify Diventures of changes to the bank and/or account information listed on the form immediately.</p>	
NAME ON CREDIT CARD			
CREDIT CARD BILLING ADDRESS			
PAYING PARTY'S PHONE			
CREDIT CARD (PLEASE CHECK ONE)			
<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS		
CREDIT CARD ACCOUNT NUMBER			
CREDIT CARD EXPIRATION DATE			
CREDIT CARD SECURITY CODE		_____/_____ NAMED ACCOUNT HOLDER'S SIGNATURE AND DATE	

NOTE: THIS SIDE OF FORM WILL BE SHREDDED AFTER SUBMISSION.