



**Student ACH Registration
Electronic Funds Transfer Authorization**

The undersigned hereby authorized The College of the Holy Cross to make payment via ACH to the account indicated below.

Student Name: _____

Student Home Address (this should match the address on the bank account):

Phone Number: _____

Email Address (notifications of payment will be sent to this address):

Bank Name: _____

Bank Transit Routing Number (9 digits): _____

Bank Account Number: _____

Checking Account

Savings Account

Credit to (Name as it appears on the bank account): _____

Authorized Signature: _____

Printed Name: _____

Date: _____

Please return this form to accountspayable@holycross.edu.