



Pre-Authorization Payment Form

Available only in the continental United States.

We are offering for you convenience, the pre-authorized payment deduction. Your payment will be deducted each month on your due date from your checking or savings account. No coupons to send, no checks to write and no postage costs. If you are interested in this method of payment, please fill in the information requested below and mail or fax this form to:

American Sentinel University
Attn: Student Accounting
2260 South Xanadu Way, Suite 310
Aurora, CO 80014
Fax: 1.866.505.2450
Please print legibly.

Name _____

Street address _____

City & zip code _____

Daytime phone # _____

Email _____

Bank name _____

Bank routing number _____

Account number _____

Account type: _____

- Checking account
- Savings account

I hereby authorize the American Sentinel University to draft funds from the above account in the amount of \$ _____, beginning (date) _____.

I understand this authorization will remain in effect until cancelled by me with 30 days written notice.

Signature

Date



www.americansentinel.edu
800.729.2427