

INTERNATIONAL DEPOSIT PAYER INFORMATION

Student Name _____ AU ID# _____

Deposit paid in Cash Check/Money Order Credit Card flywire™ Date _____

Was deposit paid by student? YES-*If yes, sign and date.* NO-*If no, payer should complete the following then sign and date.*

Payer name _____ Relationship to student _____

Payer contact information: Email _____ Phone # _____

Should the deposit be released and available for refund, for whatever reason, please indicate your wishes.

- Funds may be returned to student
- Funds should be returned to me
- Funds should remain on account at Andrews University

Signature _____ Date _____

MAIL: 4150 Administration Drive-Berrien Springs, MI 49104-0300

FAX: 269-471-6246

EMAIL: isfs@andrews.edu