

FLIGHT ACCOUNT INPUT FORM



AMOUNT TO BE ADDED: \$ WIN #:

First Name: Last Name:
Address:
City: State: Zip:
Local Telephone #:

By signing this form, I acknowledge that my University account will immediately be debited in the amount I have indicated above and that payment is due on or before 45 days from this date. In addition, I have been advised that WMU Accounts Receivable may request any and all funds from my ETA account to satisfy any outstanding University account balances. I understand that I can review the status of my University account at any time via my GoWMU account on the University website.

SIGNED: **DATE:**

*** OFFICIAL USE ONLY BELOW THIS LINE ***

DATE: **IF HOLD, ACTION TAKEN:**
BANNER: **HOLD? Y / N**
BANNER CHARGED: (Initials) **Banner:**
ENTERED IN ETA: (Initials) **Date:** **ETA:**