

E-Billing  
OPT-OUT REQUEST FORM  
All areas must be completed

I \_\_\_\_\_, wish to opt-out of receiving my student billing statement electronically.

Please give reason for request:

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\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student Signature Name

\_\_\_\_\_  
Date

Please return form to:

St. Bonaventure University  
Business Office  
St. Bonaventure, NY 14778

Or fax to:

716-375-2005