Office Use Only: #: dr:

FALL 2025 Recurring Payment Authorization



NOTE: Monthly Payment Plans <u>do not renew</u> automatically. You <u>must return</u> this payment authorization and the plan agreement for a Fall 2025 Plan.

By signing below, I authorize MIAD to make withdrawals from my bank account or charge my debit or credit card and, if necessary, make adjusting debit or credit entries for any withdrawals made in error to my account referenced above. This authorization will remain in effect until revoked by me, in writing, or until revoked by MIAD. Scheduled payment dates and amounts are specified on the corresponding Payment Plan Agreement along with applicable fees for setup fees, late or missed payments. Payments cannot be split between payment methods. Complete information for either a bank account or a card. Accountholder Signature: Date: Accountholder Accountholder Phone Number: Email: If the payment account holder is different than the student, the student entering into the payment plan agreement authorizes MIAD to contact the payment account holder regarding the account, its balance, or any payment arrangements. Account information is collected at the start of each academic year. Please complete one type of payment (bank or card) below. INDICATE EITHER ACH BANK ACCOUNT INFORMATION OR CARD INFORMATION (SEE BELOW): Automatic Payment – via Bank Account ACH - Set-Up Fee: \$0 (none) Bank Account Type: ____ Checking Bank Name: Name on Account: Bank Routing Number:_ Bank Account Number: Automatic Payment – via Debit or Credit Card - Set-Up Fee: \$50 per semester VISA Credit Card Type: MasterCard **American Express** Discover Cardholder Name: Card Number: Expiration Date:

Please mail or bring this form to the Student Account office, RL70. DO NOT email or fax your personal account information!

PLEASE NOTE – PAYMENT PLANS <u>DO NOT RENEW</u> AUTOMATICALLY BETWEEN ACADEMIC YEARS. YOU MUST RETURN THIS PAYMENT AUTHORIZATION AND THE PLAN AGREEMENT FOR A FALL 2025 PLAN.