Office Use Only: #: dr:

## **Recurring Payment Authorization - SPRING 2026**

NOTE: Payment plans do not automatically renew. You <u>must return</u> this payment authorization and the plan agreement for a Spring 2026 Plan.



By signing below, I authorize MIAD to make withdrawals from my bank account or charge my credit card and, if necessary, make adjusting debit or credit entries for any withdrawals made in error to my account reference 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. <a href="Payments cannot be split between payment methods">Payment methods</a>. Please complete information for either a bank account or credit card.

Accountholder Signature:	Date:
	Accountholder Email:  It, the student entering into the payment plan agreement authorizes e account, its balance, or any payment arrangements.
IF YOU HAD A FALL 2025 MONTHLY PAYMENT PLAN AND WOULD LIKE TO USE THE SAME ACCOUNT, PLEASE CHECK THE BOX BELOW	
I had a <b>FALL 2025</b> payment plan, and my bank account/credit card information has not changed.  Please continue automatic withdrawals from my existing account for the <b>SPRING 2026</b> semester.	
FOR NEW ACCOUNTS OR TO MAKE CHANGES, COMPLETE THE FOLLOWING:	
Bank Account Type: Checking  Bank Name:  Name on Account:  Bank Routing Number:  Bank Account Number:  PAYTOTHE  Routing  Routing  Account Number	6 78 9
Automatic Payment – Credit Card Charge (NOTE: MIAD do  Credit Card Type: VISA Ma  Cardholder Name:  Card Number:  Expiration Date:	asterCard Discover American Express

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

PLEASE NOTE – PAYMENT PLANS <u>DO NOT AUTOMATICALLY RENEW</u>. YOU MUST RETURN THIS PAYMENT AUTHORIZATION AND THE PLAN AGREEMENT FOR A SPRING 2026 PLAN.