



Recurring Payment Authorization FALL 2017

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. **Payments cannot be split between payment methods.** Please complete information for either a bank account or credit card.

Accountholder Signature: _____

Date: _____

Accountholder Phone Number: _____ Accountholder Email: _____

Automatic Payment – Bank Account ACH

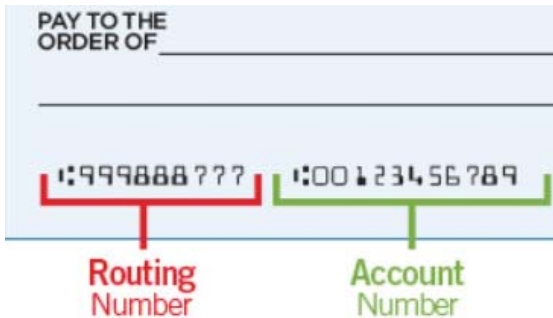
Bank Account Type: Checking Savings

Bank Name: _____

Name on Account: _____

Bank Routing Number: _____

Bank Account Number: _____



Automatic Payment – Credit Card Charge

Credit Card Type: VISA MasterCard Discover American Express

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

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