



# AGS Authorization Agreement for Electronic Withdrawals (ACH Debits)

I (we) hereby authorize Iowa Wesleyan University to initiate debit entries to my (our) account indicated below and, if necessary, credit correction and adjustment entries to my (our) account at the financial institution listed below.

_____	_____
Name of Bank	Branch Location
_____	_____
City/State	Name on Account
_____	Account Type: _____ Checking or _____ Savings
Bank Routing Number and Account Number	

Dollar amount to withdraw monthly. Please enter the appropriate amount from section 6, 7, or 8 of your Payment Plan Enrollment Form. \$ \_\_\_\_\_.

Transaction Date: Your funds will be withdrawn on the 15<sup>th</sup> of the months as outlined below.

Fall A Term: – July & August    Fall B Term: - September & October

Spring A Term: December and January    Spring B Term: February and March

Summer Term: April and May

For each check returned for non-sufficient funds, Iowa Wesleyan University will charge \$30.

This authority is to remain in full force and effect until Iowa Wesleyan University receives written notification from you (or either of you) of its termination in such time and manner as to afford the university and your Financial institution reasonable opportunity to act on it.

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

_____	_____
Student Name	Signature
_____	_____
Date	Iowa Wesleyan University Representative

Iowa Wesleyan University  
601 N Main St  
Mount Pleasant IA 52641  
319-385-6207  
kwohl@iw.edu