

Iowa Wesleyan University – Online Students

Authorization Agreement for Electronic Bank Account 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

Bank Routing Number and Account Number

Account Type: Checking or Savings

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Transaction Date: Your funds will be withdrawn on the 15th of the months as outlined below.

Fall A Session: – July & August

Fall B Session: - September & October

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

Summer Session: April and May

For each withdrawal declined to insufficient 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
kwohll@iw.edu