

Iowa Wesleyan University

Electronic Withdrawal (ACH Debit) Payment Authorization

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 Account Number	_____ 9-digit Bank Routing Number

Type of Account: Checking or Savings

Dollar Amount to Withdraw Monthly: \$_____. Please enter the amount from Section 4 of your Monthly Payment Planner form.

Withdrawal Date (July 2022 through April 2023): 15th of the month or last day of the month.

Please note that if an ACH payment is returned for any reason there will be a \$30 charge for each returned transaction applied to the student's account.

This authority is to remain in full force and effective until my account has been paid in full, or until Iowa Wesleyan University has received written notification from me (or either of us) of its termination in such time and manner as to afford Iowa Wesleyan University and your financial institution reasonable opportunity to act on it.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

_____ Student Name Printed	_____ Account Holder Signature(s)
_____ Date	_____ Iowa Wesleyan University Representative

Iowa Wesleyan University
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