



University Billing Office

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL U-BILL PAYMENT AGREEMENT

I hereby authorize The University of Iowa to initiate automatic withdrawals from the specified checking or savings account at the bank named below for payments to my University account (U-Bill).

University Billing Account # or University ID #: _____

First Name: _____ MI: _____ Last Name: _____

Bank Name: _____

City: _____ State: _____ Zip Code: _____

Select Account Type: Checking Account Savings Account

Transit/ABA # (9 digits): _____

Account #: _____

I agree to hold the University of Iowa harmless for any delay, loss of funds, or overdraft charges due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in processing the entries. This agreement shall be effective on the next processing window and remains in force until the University receives notice of cancellation/change via submission or a new form by me or by a notification of change by my financial institution(s). Cancellation of change requests must be received by the University of Iowa at least 3 business days prior to the next payment date. By my signature below, I have read and agree to the above terms.

Signature: _____

Phone Number: _____ Date: _____

Address: _____

E-Mail: _____

Payment One Time Payment
Frequency: Recurring Payment

Payment Minimum Amount Due
Amount: Flat Amount of _____
(Please contact us at 319-335-0071 before selecting this option.)

Payment Date (will default to the U-Bill Due date of 22nd if no other date indicated): _____

Please **tape** (do not staple) voided check below

Do Not Cover the Payment Date

This form is intended ONLY for individuals who cannot access their bill through MyUI or Employee Self Service

Print this form, sign and mail to: **UI Service Center
University Billing
2700 University Capitol Centre
Iowa City, IA 52242**