



The University of Iowa
Cashier's Office

CONSUMER AUTHORIZATION AGREEMENT
PRE-ARRANGED PAYMENTS (DEBITS)

I hereby authorize the University of Iowa to initiate debit entries to my checking or savings account indicated below and the bank named below for payment to my University account.

University Account #

____ - ____ - _____

Firstname

MI

Lastname

Bank Name _____

City _____ State ____ Zip _____

Transit/ABA#

Account #

Account to be debited :

Checking Account - Please attach a voided check to this form

Savings Account - Please write account number below

This authority is to remain in full force and effect until The University of Iowa has received written notification from me of its termination in such time to allow the University a reasonable opportunity to act on it.

Signature _____ SS# _____

Phone Number _____ Date _____

Due Date _____ 15th _____ 24th

Student accounts:

____ Minimum Periodic Payment
____ Balance Due
____ Arranged*

Faculty/Staff:

____ Full Balance due
____ Arranged*

Non-Student Accounts:

____ Full Balance
____ Arranged*

*please contact Cashier's Office before selecting this option

Please tape (do not staple) voided check or deposit slip below this line.

Instructions:

Please DO

- use a black pen
- print legibly in the boxes above using upper case letters only
- stay within the boxes

- Mail form to:

The University of Iowa Cashier's Office
Room 3, Jessup Hall
Iowa City, IA 52242