

Authorization for Recurring Room & Board by ACH

This form is to be used for the sole purpose of authorizing monthly payment withdrawals by ACH (checking account) towards the student's additional room and board charges. This agreement authorizes only a CS Finance associate to withdraw the agreed payment amount on the billing date until one of the following occur: 1) the student departs campus, or 2) the plan agreement has been approved for cancellation. *This payment authorization is separate from MIU Student Health Insurance payments and other Payment Plan Agreements.*

By signing this form, I, _____ (full name) Student ID: _____, am authorizing Maharishi International University (MIU) to withdrawal up to \$840 per month to the checking account indicated below for payment towards my MIU student account on the 25th of the month starting _____ (month). I understand and agree that if my monthly payment is **returned** for any reason, there will be a **\$50 non-waivable late fee**, and that MIU will contact me via email regarding a second attempt to receive payment on a later date. The policies given to me in the Payment Plan Agreement, that I signed, are hereby acknowledged, and agreed upon, along with my authorization for payment withdrawal.

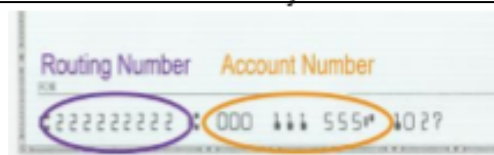
ACH (Checking Account) Information

Name on Account _____

Bank Name _____

Account Number _____

Bank Routing Number _____



IF THE ACCOUNT ABOVE IS NOT YOURS (i.e., friends or family assisting you with payments), please have them fill out the information below, otherwise, leave this blank!

I, _____ (full name), certify that I am the authorized user of the account above and authorize the monthly payment withdrawal for the student's Payment Plan. I agree and understand the conditions of this payment. If MIU needs to confirm my authorization or if the need more information, a CS Finance associate may contact me at this phone number: _____.

I agree to notify CS Finance by the **20th of the month** prior to a billing date of any changes to my monthly payment. If a billing dates fall on a weekend or holiday, when the banks and CS Finance are closed, I understand that the payments will be processed on the next business day. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute this scheduled transaction with my bank; so long as the transaction corresponds to the terms indicated in this authorization form and the Payment Plan agreement.

By signing this form, I confirm I have read this authorization form thoroughly, and I therefor understand and agree to the above conditions of my MIU R&B Payment Plan:

x

MIU Student Electronic Signature

Date Electronically Signed