



AUTHORIZATION AGREEMENT FOR AUTOMATED RECURRING BILLING

Payment/Authorization Information:	
Accepted Payment Methods	Discover, MasterCard, Visa, American Express
Card Number	
Expiration Date	
Amount	\$
Student Account Balance	\$ Circle Location: <input type="checkbox"/> ECC <input type="checkbox"/> MCC
How often would you like the money taken out of your account? (must choose one)	
Every Month <input type="checkbox"/> or Every ___ days	
When would you like the first payment taken out?	
Start Date	End Date/Number of Payments:
Student Information: (please write legibly)	
Student ID	
First Name	
Last Name	
Address	
City, State, Zip	
Country	
Phone	
Email	
If someone other than the student is paying, please provide their information below:	
Same as information entered in Student Information, or:	
First Name	
Last Name	
Address	
City, State, Zip	
Country	
Phone	
Email	

_____ I (We) hereby authorize Iowa Valley Community College District, to keep my signature on file and to charge my monthly payments to the credit card listed on the ARB authorization agreement.

Student Signature: _____ **Date:** _____
Signature of Other Party (if applicable): _____ **Date:** _____