CMU AUTO-DEBIT PAYMENT PLAN FORM

Caribbean Medical University

Campus: Pater Euwensweg 25, Curacao • Phone: (5999) 465-5668
Finance Department: 5600 N River Road Suite 800 • Des Plaines, Illinois 60018 United States
Phone: (888) 877-4268 • Fax: (302) 397-2092 • Email: finance@cmumed.org • Web: http://www.cmumed.org

Please complete this form and submit it to CMU's Finance Department to enroll into a auto-debit tuition payment plan. Student's balance less a 5% discount will be automatically charged to the bank account indicated below on the due date of each semester tuition invoice starting on the date of first payment. By signing this form you authorize Caribbean Medical University to charge your banking account for the amount specified below.

STUDENT INFORMATION

Student Name:
Last Name *First Name* *Middle Name*

Student ID Number __ __ __ Current Enrollment: —
As appears on ID card *Program - Semester*

ACCOUNT HOLDER INFORMATION

Name:
Last Name *First Name* *Middle Name*

Address: ( )
Number and street or rural route *Apt. No.* *Area Code* *Phone Number*

City or Town *State* *Zip Code* *Country*

BANK ACCOUNT INFORMATION

Bank Account Number

Routing Number *

Account Type

☐ Checking ☐ Savings

** nine digit ABA routing number*

3 quarterly payments of *authorized amount in U.S. $* . starting on __ __ / __ __ / __ __
date of first payment

AUTHORIZATION

I AUTHORIZE ABOVE AMOUNTS TO BE CHARGED TO MY ACCOUNT ACCORDING TO BANK AGREEMENT
By signing this form, I hereby authorize Caribbean Medical University to automatically charge quarterly payments of the amount specified above to my bank account. This payment authorization is valid and to remain in effect unless I notify the CMU Finance Department of its cancellation by sending written notice by email to finance@cmumed.org or by fax at (302) 397-2092.

I have received and accepted an itemized tuition statement detailing all of the current charges and credits applied to student's account. I further agree that in the event any of the bank payment become declined, I will provide the CMU Finance Department with new valid bank account information upon request, to be charged for any outstanding balances owed by the student to Caribbean Medical University.

Account Holder's Signature: _____ Date: __ __ / __ __ / __ __

REV. 10/19