

## 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: (224) 499-7454 • 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.

<b>■</b> STUDENT INFORMATION		
Student Name:		
Last Name	First Name	Middle Name
Student ID Number	Current	Enrollment: —
As appears on ID car		Program - Semester
# ACCOUNT HOLDER INFORM.	ATION	
Name:		
Last Name	First Name	Middle Name
Address:  Number and street or rural route	And Mr.	Area Code Phone Number
Number and street or rural route	Apt. No.	Area Code Phone Number
City or Town	State Zip Code	Country
■ BANK ACCOUNT INFORMAT	ION	
Bank Account Number		
Routing Number *	Account Type	
* nine digit ABA routing number	Checking	Savings
quarterly payments of	at in U.S. \$ starting	
		date of first payment
specified above to my bank account. This p Department of its cancellation by sending what I have received and accepted an itemized tuit I further agree that in the event any of the b	aribbean Medical University to a payment authorization is valid an ritten notice by email to finance tion statement detailing all of the bank payment become declined,	automatically charge quarterly payments of the amount and to remain in effect unless I notify the CMU Finance
Account Holder's Signature:		////