

# AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

## U-Bill Payment Agreement

I HEREBY AUTHORIZE the University of Iowa to initiate automatic withdrawals from the specified checking or savings account at the bank named below for payments to my University Bill (U-Bill).

University ID# (or Billing Account#)

Full Name

Bank Name

Bank City/State/Zip

Select Account Type                      Checking                      Savings

Transit/ABA# (9 digits)

Account#

I agree to hold the University of Iowa harmless for any delay, loss of funds, or overdraft charges due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in processing the entries. This agreement shall be effective on the next processing window and remains in force until the University receives notice of cancellation/change via submission or a new form by me or by a notification of change by my financial institution(s). Cancellation of change requests must be received by the University of Iowa at least 3 business days prior to the next payment date. By my signature below, I have read and agree to the above terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Payment	One Time Payment	Payment	Minimum Amount Due
Frequency:	Recurring Payment	Amount:	Flat Amount of
			<i>(Please contact us at 319-335-0071 before selecting this option)</i>

Payment Date (will default to the U-Bill due date of 22<sup>nd</sup> if no other date indicated)

Please **tape** (do not staple) voided check below

**DO NOT cover the payment date**

**This form is intended ONLY for individuals who cannot access their U-Bill through MyUI or Employee Self Service.**

Print this form, sign and return to: **University Billing**  
**2700 University Capitol Centre**  
**Iowa City, IA 52242**