



**Credit Card Debit Authorization Form**

**Student Name:** \_\_\_\_\_ **ID:** MA \_\_\_\_\_

**MRI**                       **MRI-AS**                       **RT**                       **RT-AS**

This Account belongs to: \_\_\_\_\_ Student    \_\_\_\_\_ Parent    \_\_\_\_\_ Other

Name as it appears on the Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_ / \_\_                      CVC Number: \_\_\_\_\_

Number of Payments: \_\_\_\_\_                      Amount Per Payment: \_\_\_\_\_

The above-mentioned amount will be debit from my Credit Card:  
 Once a month on the first ten days of the month for a period of \_\_\_\_\_ Months.  
 On the following days: 

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By signing this form I authorized Med Academy to debit the above mentioned amount from my Credit Card under the terms and conditions stated above.

**Credit Card Convenience Fees: I agree to make a credit card convenience fee of 3% in all scheduled payments.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



## ACH-Transaction Authorization Form

**This account will be used only with your authorization and in the following way:**

### **Title IV - Credit Balance**

I understand that a Title IV credit balance occurs whenever the school credits Title IV program funds to a student's account and the total amount of those Title IV funds exceeds the student's allowable charges. However, these funds will be needed to pay tuition and/or fees in future terms that Title IV Fund does not cover or provide enough funds for the term.

1. If you have a credit balance from your loans, it will be deposited into this account automatically.
2. If you have a remaining balance with the school, we can collect payment from this account according to your payment plan.

**PLEASE PRINT CLEARLY**

**Student Name:** \_\_\_\_\_ **ID:** MA \_\_\_\_\_

**MRI**

**MRI-AS**

**RT**

**RT-AS**

**This Account belongs to:** \_\_\_\_\_ **Student** \_\_\_\_\_ **Parent** \_\_\_\_\_ **Other**

**Name as it appears on the Bank Account:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Number of Payments:** \_\_\_\_\_ **Amount Per Payment:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

*Revised: 01/14/2022*

Med College  
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