International Iqra Association (IIA) 14350 Tireman

Detroit, MI 48228 313-799-4332/313 584-6448

APPLICANT INFORMATION	
Students' Last Name	
First Name(s)and Grades	
Parent's Last Name	
First Name	
Best phone number	
Checking Account Automatic Wit	
FINANCIAL INSTITUTION INFORM	
Institution Name_	
Location	
Address	
City	State ZIP
Routing Number	, or voided check
Account Number	, or voided check
— Please attach a voided check fi	<u>-</u>
	ademy to withdraw tuition from my checking account on a
monthly basis. The amount of with	
Signature	
Date	
,	ATIC WITHDRAWAL PAYMENT AUTHORIZATION FORM formation if you have chosen Credit/Debit Card method of
payment.	
BILLING INFORMATION, IF DIFFE	
Name as it Appears on Credit/Debit	
Card	
Mailing Address	
City	State ZIP
Country	
CREDIT/DEBIT CARD AUTHORIZ	
Select one: Visa MasterCardI	Discover Card
	/
Credit/Debit Card Number Card Ex	
	ademy or its authorized credit/debit card transaction agent(s) to
bill my credit/debit	
	yment of school tuition. The monthly withdrawal amount is
\$	
Signature	
Date	