



(Mandatory form to be filled by sponsors)

**Section A**

Student's Name : \_\_\_\_\_  
 Sponsor's Name : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 E-mail : \_\_\_\_\_  
 Address : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Cod \_\_\_\_\_  
 Signature : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 Grade : \_\_\_\_\_ Boarding  Day/Non Boarding

**Section B**

Total Amount : \$ \_\_\_\_\_  
**Enrollment fee** of \$ \_\_\_\_\_ and **first installment** of \$ \_\_\_\_\_ have been paid during the admission process on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 Months start from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
 (Month) (Year) (Month) (Year)

**Section C**

**Parent's Bank Information**

Bank Acc. Number: \_\_\_\_\_ Routine Numb.: \_\_\_\_\_

By checking this box, I authorize IMSA to do a monthly direct debit from my checking account to the IMSA, an amount of \$ \_\_\_\_\_.  
 (Monthly Amount)

**Note:**

1. Please include a void check along with this form.
2. The automatic withdrawal will occur on the first of every month starting from August 1<sup>st</sup>, 2025.
3. Any question regarding monthly withdrawal, please contact Dr. Adnan Ahmed 256-473 0824 or Salih Can 754 465 3965
4. If you want to send this authorization form by mail, please mail this completed form along with a void check to the school address below.



## PAYMENT COMMITMENT LETTER

On behalf of the student registering for your school I accept the payment obligations, details as specified above, as my own, and commit to make the payments on a timely basis as well as any obligations arising from non-conformance.

If the parties are unable to reach a mutually satisfactory outcome, I hereby authorize that this agreement shall be governed by the laws of the State of Alabama, USA.

Date (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Name : \_\_\_\_\_

Parent/Legal Guardian Name:

Signature

\_\_\_\_\_

\_\_\_\_\_