



Monthly Tuition ACH Withdrawal Request Form
(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 IMSA, the amount of \$ _____.
(Monthly Amount)

Note:

1. Please include a voided check along with this form.
2. The automatic withdrawal will occur on the first of every month starting August 1st, 2025.
3. Any questions regarding monthly withdrawal, please contact Dr. Adnan Ahmed at 256-473 0824 or Salih Can at 754 465 3965



IMSA
Iqra Math & Science Academy

4. If you want to send this authorization form by mail, please mail this completed form along with a voided 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 the laws of the State of Alabama, USA, to govern this agreement.

Date (MM/DD/YYYY): ____ / ____ / ____

Student Name : _____

Parent/Legal Guardian Name:

Signature
