



DeVry Inc
 Student Accounts Center
 One Tower Lane
 Oakbrook Terrace, IL 60181-4624

Recurring Payment Authorization

Thank you for contacting DeVry Inc. to establish a recurring payment for your bill. Please complete the information below, and fax this form to DeVry Inc. at **888-58DEVRY (888-583-3879)**. Or mail the completed form to DeVry Inc., Student Accounts – Written Auth, One Tower Lane, Oakbrook Terrace, IL 60181-4624.

If you would like to cancel a recurring payment, please complete the first box and check here []

Name _____ <small>(Please Print)</small>	DSI or Social Security # _____ <small>(Merchant Order Id)</small>
Phone Number _____	Zip Code _____
eMail Address _____ <small>(Required for email receipt)</small>	

Initial (First) Payment Amount \$ _____	First Payment Date* _____ <small>(mm/dd/yyyy)</small>
Billing Cycle Frequency _____ MONTHLY	Max # of Billing Cycles _____ <small>(Number of times recurring payment should occur)</small>
First Recurring Payment Date* [<input type="checkbox"/>] Current Billing Date [<input type="checkbox"/>] 1st [<input type="checkbox"/>] 15th <small>(If blank, use current billing date)</small>	Recurring Payment Amt \$ _____
<small>* Date on or after which the debit to your account will occur</small>	

Exact Name on Credit Card _____
Credit Card Number _____ Expiration Date _____

Exact Name on Checking or Savings Account _____										
Account Number _____ [<input type="checkbox"/>] Checking [<input type="checkbox"/>] Savings										
Routing Number _____										
<p>How to find your Routing and Account Numbers</p> <table border="1"> <tr> <td></td> <td>1 2 3 4 5 6 7 8 9</td> <td></td> <td>1 2 3 4 5 6 7 8 9 0 1 2 3</td> <td></td> </tr> <tr> <td></td> <td>Bank Routing Code</td> <td></td> <td>Bank Account Number</td> <td></td> </tr> </table>		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9 0 1 2 3			Bank Routing Code		Bank Account Number	
	1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9 0 1 2 3							
	Bank Routing Code		Bank Account Number							

You authorize regularly scheduled payments to be made from your account on the specified days. Proof of the payment will appear on your statement. The authority you give us to charge your account will remain in effect until you notify us, in writing, to cancel the authorization and afford us a reasonable opportunity to act. If you have any questions about this transaction please call 866-533-3879.

Signature _____ Date _____

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS
 SIGN AND FAX THIS FORM TO 888-58DEVRY (888-583-3879).**