IEPA REQUEST FOR AUTOPAY AND RECURRING CLASSES WITHDRAWAL

I hereby submit my official request for withdrawal from the auto-pay program and recurring classes.

Select:

☐ Remove my account from all enrollments and payments.

☐ I and/or family members have multiple enrollments and payments but wish to only withdraw from the following:

Name: _____ Classes_____

Name: _____ Classes_____

Name: _____ Classes_____

I understand that withdrawal requires submission of this form at least a month in advance before the 15th of the month from which I wish to withdraw (e.g., withdrawal from the month of April requires submission of form by March 15th). I understand this withdrawal will take effect on the date listed below and remove my account from both the auto-pay and recurring classes.

Student Name (Print): _____

Signature : _____ Date : _____

- **Office Use:**

  - Date of submission: _____

  - Management signature: _____

  - Notes: