



Southwest Baptist University
SBU Payment Plan
AUTO-PAYMENT FORM

Student Name: _____ **ID #:** _____

Address: _____ **SSN#:** _____ - _____ - _____

City/State/Zip: _____

Card holder phone: (_____) _____ **Wk Phone:** (_____) _____

REQUIRED CARD INFORMATION

Credit Card/Debit Card: (2.5% convenience fee added on all credit and debit card transactions)

_____ America Express _____ MasterCard _____ Discover

Account Number: (Please write clearly)

_____ - _____ - _____ - _____

Three Digit Security Code _____ **(Four digits for American Express)**

Exp. Date: _____

Monthly Payment Amount: \$ _____ *
(As determined on promissory note)

Cardholder Name: _____
(As printed on card)

Post on: 15th Day of Month beginning January 15, 2012** \$ _____ **(Three Month Plan)**

Please note that by signing this document you are authorizing Southwest Baptist University or its agents to charge the above amount to the credit card listed above on a monthly basis and to apply such amount toward the tuition balance due for the student named above, including any late fees and/or finance or other charges.

I understand I will NOT receive notification prior to the posting of these payments. This agreement terminates when the account is paid-in-full, the card has expired, a monthly transaction is denied 2 times, when written notification from you is received by SBU OR the end of the SBU Payment Plan, whichever is first.

Authorized Signature of Cardholder

Date

*Posting amount may be LOWER to pay account in full; it will NOT INCREASE without prior consent / approval.

**Payment dates falling on a weekend or holiday WILL BE POSTED THE NEXT BUSINESS DAY.

Please complete and return to: Southwest Baptist University Attn: Credit & Collections, 1600 University Ave, Bolivar MO 65613